

---

# THE WORLD BANK IN ASIA

## An assessment of COVID-19-related investments through a care lens

Care-responsive investments and development finance

---

International financial institutions (IFIs) have been playing a vital role in the response to the COVID-19 pandemic and will play an equally important role in the recovery and 'build back anew' agenda. This is particularly true of the World Bank Group (WBG), given its high volumes of committed investments across sectors, especially in low-income and vulnerable countries. This report presents, through case studies, how care-responsive the World Bank's COVID-19-related investments have been in four member countries: Bangladesh, Cambodia, Nepal and the Philippines. It does so by using the [Care Principles and Care-Responsiveness Barometer for IFIs](#) to assess the nature of the WBG's COVID-19 investments in these select countries, and by building evidence through a gender- and care-responsive budget review. The report demonstrates that the Bank has a foundation for care-inclusion upon which to build, and urges it to adopt a more comprehensive care-responsive approach to its operations in order to move towards rebuilding a more gender-just and equal future.

# ACKNOWLEDGEMENTS

## RESEARCH AND WRITING

Dharmistha Chauhan  
Swapna Bist Joshi

## TECHNICAL SUPPORT

Christian Donaldson (Oxfam)  
Deepankar Datta (Oxfam)  
Katie Malouf Bous (Oxfam)  
Mahmuda Sultana (Oxfam)  
Mustafa Talpur (Oxfam)  
Priyanthi Fernando (IWRAP)  
Shanti Uprety (IWRAP)  
Soumya Kapoor (IWWAGE)

Constanza Pauchulo (IWRAP)  
Ella Hopkins (Bretton Woods Project)  
Leah Mugehera (Oxfam)  
Maria Rosario Felizco (Oxfam)  
Nadia Daar (Oxfam)  
Richa Singh (Oxfam)  
Sona Mitra (IWWAGE)  
Yamini Mishra (Amnesty International)

## EDITORIAL SUPPORT

Jane Garton

# CONTENTS

<b>Acknowledgements</b> .....	<b>2</b>
<b>List of tables and figures</b> .....	<b>5</b>
<b>Acronyms</b> .....	<b>7</b>
Care economy-related terms .....	8
<b>Introduction</b> .....	<b>9</b>
Gender inequality and care work – the causal chain .....	9
Investing in the care sector is sensible economics .....	10
The ‘care blindness’ of pandemic relief and recovery programmes .....	10
COVID-19 response and international financial institutions (IFIs) .....	13
Assessing care-responsiveness .....	15
Limitations .....	18
<b>2 Care economy in the select countries</b> .....	<b>20</b>
The care work landscape .....	20
Unpaid care work and low female workforce participation .....	20
Feminization of the care workforce and the gender pay gap .....	21
COVID-19, gender impact and the care sector .....	23
<b>3 Case studies on development policy financing</b> .....	<b>25</b>
Development policy financing (DPF) by the World Bank .....	25
DPF, COVID-19 and integration of a care perspective .....	26
The DPF case studies .....	26
P1: Bangladesh Second Programmatic Jobs Development Policy Credit .....	28
P2: Second Philippines Promoting Competitiveness and Enhancing Resilience Development Policy Loan .....	34
P3: Nepal Finance for Growth Development Policy Financing .....	39
<b>4 Case studies on investment project financing</b> .....	<b>47</b>
Investment project financing (IPF) in the World Bank .....	47
IPF, COVID-19 and integration of a care perspective .....	47
IPF case studies .....	48
P4: Bangladesh COVID-19 School Sector Response .....	49
Conclusion .....	54
P5: Philippines COVID-19 Emergency Response Project .....	54
P6: Cambodia Community-Based Childcare For Garment Factory Workers Project .....	59

P7: Bangladesh Rural Water, Sanitation and Hygiene for Human Capital Development Project.....	64
P8: Nepal Urban Governance and Infrastructure Project .....	71
P9: Cambodia Road Connectivity Improvement Project.....	76
P10: Philippines Beneficiary First Social Protection Project .....	81
P11: Nepal Rural Economic Enterprise Development Project.....	85
P12: Cambodia Pre-Service Training for Health Workers Project.....	90
<b>5 Conclusion and recommendations.....</b>	<b>96</b>
Conclusion.....	96
Recommendations .....	101
Project cycle entry points – recommended actions.....	101
<b>Appendix 1: Sampling methodology – country selection.....</b>	<b>104</b>
<b>Appendix 2: Project list, basic information and reference documents for project reviews .....</b>	<b>105</b>
<b>Appendix 3: Scoring and care budget methodology .....</b>	<b>111</b>
Central framework.....	111
Indicator framework.....	111
Scoring methodology .....	114
<b>Appendix 4: Project-level checklist and project responses .....</b>	<b>116</b>
<b>Appendix 5: Project-level tip sheet.....</b>	<b>122</b>
<b>Appendix 6: Scoring sheet and project results across all indicators.....</b>	<b>130</b>
<b>Bibliography.....</b>	<b>132</b>
<b>Endnotes .....</b>	<b>135</b>

# LIST OF TABLES AND FIGURES

Figure 1: Number of pandemic mitigation measures by region.....	11
Figure 2: Regional distribution of type of gender-responsive measures.....	12
Figure 3: Distribution of type of gender-responsive measures in Asia.....	12
Figure 4: Percentage of economically inactive people who are outside the labour force due to unpaid care work responsibilities, by sex.....	21
Figure 5: Social sectors and government expenditure as a percentage of GDP.....	23
Figure 6: Gender and care work impacts of COVID-19.....	24
Figure 7: Development policy financing case studies.....	27
Figure 8: Care-responsiveness scores across the 5Rs – P1.....	30
Figure 9: Care-responsiveness scores across the 5Rs – P2.....	36
Figure 10: Care-responsiveness scores across the 5Rs – P3.....	42
Figure 11: Investment project financing (IFP) case studies.....	49
Figure 12: Care-responsiveness scores across the 5Rs – P4.....	51
Figure 13: Care-responsiveness scores across the 5Rs – P5.....	56
Figure 14: Care-responsiveness scores across the 5Rs – P6.....	61
Figure 15: Breakdown of project costs.....	66
Figure 16: Breakdown of the World Bank’s share of the project.....	66
Figure 17: Care-responsiveness scores across the 5Rs – P7.....	67
Figure 18: Care-responsiveness scores across the 5Rs – P8.....	73
Figure 19: Care-responsiveness scores across the 5Rs – P9.....	77
Figure 20: Care-responsiveness scores across the 5Rs – P10.....	82
Figure 21: Care-responsiveness scores across the 5Rs – P11.....	87
Figure 22: Care-responsiveness scores across the 5Rs – P12.....	92
Figure 23: Overall performance on Indicator 1.....	98
Figure 24: Overall performance on Indicator 2.....	98
Figure 25: Overall performance on Indicator 3.....	99
Figure 27: Overall performance on Indicator 5.....	100
Figure 28: The care-responsive budget (as a percentage of total project budget).....	100
Figure A: The central framework.....	111
Figure B: Project-level indicator framework.....	113
Table 1: The assessment process.....	17
Table 2: Care workers in public and private employment (in education, health and social work), by sex.....	22
Table 3: Care-responsiveness scores of P1 across the project cycle.....	30
Table 4: Care-responsiveness scores of P2 across the project cycle.....	35
Table 5: Care-responsiveness scores of P3 across the project cycle.....	41
Table 6: Care-responsiveness scores of P4 across the project cycle.....	51
Table 7: Care-responsiveness scores of P5 across the project cycle.....	56
Table 8: Care-responsiveness scores of P6 across the project cycle.....	60

Table 9: Care-responsiveness scores of P7 across the project cycle.....	65
Table 11: Care-responsiveness scores of P9 across the project cycle.....	77
Table 12: Care-responsiveness scores of P10 across the project cycle.....	82
Table 13: Care-responsiveness scores of P11 across the project cycle.....	86
Table 14: Care-responsiveness scores of P12 across the project cycle.....	91
Table A: Developing Member Countries Selection for Assessment.....	104
Table A: How the scores were calculated.....	114

# ACRONYMS

<b>5 Rs</b>	Recognize, Redistribute, Reduce, Reward and Represent
<b>CBCC</b>	Community-based childcare centre
<b>DPF</b>	Development policy financing
<b>DFI</b>	Development finance institution
<b>ECD</b>	Early childhood development
<b>ESMF</b>	Environment and social management framework
<b>ESMS</b>	Environment and social management system
<b>GBV</b>	Gender-based violence
<b>GDP</b>	Gross domestic product
<b>GRB</b>	Gender-responsive budgeting
<b>IBRD</b>	International Bank for Reconstruction and Development
<b>IDA</b>	International Development Association
<b>IEC</b>	Information, education and communication
<b>IFC</b>	International Finance Corporation
<b>IFI</b>	International financial institution
<b>ILO</b>	International Labour Organization
<b>IMF</b>	International Monetary Fund
<b>IPF</b>	Investment project financing
<b>ISR</b>	Implementation status report
<b>IWRAW</b>	International Women's Rights Action Watch
<b>IWWAGE</b>	Initiative for What Works to Advance Women and Girls in the Economy
<b>MDB</b>	Multilateral development bank
<b>MIS</b>	Management information system
<b>NGO</b>	Non-government organization
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>PCR</b>	Project completion report
<b>PID</b>	Programme information document
<b>PPTA</b>	Project/programme preparatory technical assistance
<b>RFD</b>	Results framework document
<b>ToR</b>	Terms of reference
<b>UHC</b>	Universal healthcare
<b>ULL</b>	Urban local level
<b>UN</b>	United Nations
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>WEP</b>	Women's empowerment plan
<b>WBG</b>	World Bank Group

## CARE ECONOMY-RELATED TERMS

**Care-responsiveness:** The ability of a system (service, infrastructure, institution or programme) to meet the needs and concerns of caregivers and care recipients.

**Care work:** Includes two types of activities which often overlap: (i) direct, personal and relational care activities such as childcare or caring for an ill person; (ii) indirect care activities such as cooking and cleaning.

**Unpaid care work:** Caring for people, such as bathing a child or taking care of adults who are sick or frail, and undertaking domestic work such as cooking and doing laundry, without receiving any explicit financial compensation. It usually takes place within households, but can also involve caring for friends, neighbours or other community members, including on a voluntary basis.

**Paid care work:** Caring for people or doing domestic work for pay. It takes place in public and private care sectors such as education, health and social work, but also in private households. Domestic workers might care directly for other people and carry out tasks such as cleaning, cooking and washing clothes.

**Underpaid care work:** Paid care work that is mostly informal, often without a contract and/or any form of social security. The wages paid for such work, especially domestic work, are low and often less than the prescribed minimum wage.

**Care sectors:** Include childcare, long-term care and care services for older people, education services, health services, social work, personal care and domestic work such as cooking, cleaning, fetching water, etc.

**Care-related businesses:** Paid care services provided by individual entrepreneurs and the private sector, including daycare centres, crèches, care homes, nursing homes, hospitals and schools.

**Care policies:** Care policies are public policies that allocate resources to recognize, reduce and redistribute unpaid care work in terms of money, services, and time or level of effort invested. They encompass the direct provision of childcare and care services for older people, and care-related social protection transfers and benefits given to workers with family or care responsibilities, unpaid care workers or people who need care. They include care-relevant infrastructure that reduces women's workload on tasks such as obtaining water, providing sanitation and procuring energy. They also include labour regulations, such as leave policies and other family-friendly working arrangements, which enable a better balance between paid employment and unpaid care work.

**Transformative care policies:** Care policies that guarantee the human rights, agency and wellbeing of both caregivers (whether paid or unpaid) and care recipients. Care policies are transformative when they contribute to *recognition of the value* of unpaid care work, *reduction* of the care workload and *redistribution* of care responsibilities between women and men and between households and the State. The policies also need to *reward* care workers adequately and promote their *representation* as well as that of care recipients and unpaid carers.

# INTRODUCTION

*'The failure of States to adequately provide, fund, support and regulate care contradicts their human rights obligations, by creating and exacerbating inequalities and threatening women's rights enjoyment.'*<sup>1</sup>

In the 68<sup>th</sup> session of the UN General Assembly in 2013, Magdalena Sepulveda, a UN Special Rapporteur on Extreme Poverty and Human Rights, submitted the first-ever report on unpaid care work. It was the first time that unpaid care work was positioned as a major human rights issue.<sup>2</sup>

Care work<sup>3</sup> – unpaid, underpaid and paid – still remains largely invisible in public policies, national budgets and the system of national accounts (SNA),<sup>4</sup> the internationally agreed-on standard on how to compile measures of economic activity. Women spend four times more of their time and effort on unpaid care work in Asia and the Pacific compared to men, according to the International Labour Organization (ILO).<sup>5</sup> As described in Oxfam's 2020 report *Time to Care*,<sup>6</sup> women support the market economy with cheap and free labour. Their unpaid and underpaid care work substitutes and supplements the gaps in public service provisioning. They support the State by providing services that should fall within the purview of the public sector. Oxfam reports that the value of women's unpaid care work to the global economy, estimated by the ILO at \$11 trillion per year,<sup>7</sup> is three times larger than the value of the tech industry. Given the current deficits in care service provisioning and its quality, a global care crisis is imminent if investments in this sector are not doubled.<sup>8</sup>

There is a need for universal and transformative care policies, services and infrastructure, which guarantee human rights, agency and the well-being of both the carers (whether paid or unpaid) and care recipients. Furthermore, affirmative policy actions on care are required to reduce the dual workload of unpaid care work and paid employment shouldered by women, as well as to bring more women into paid employment. These care policies need to be complemented by increased investments for enabling universal access for women to care work policies, services and infrastructure.

## GENDER INEQUALITY AND CARE WORK – THE CAUSAL CHAIN

Care work is disproportionately carried out by women. It limits their mobility and negatively impacts their access to social and economic services and infrastructure. Unpaid and underpaid care work are the key constraints or barriers impacting women's participation in the formal economy, limiting their paid work opportunities.<sup>9</sup> Mainstream economic policy advocates acknowledge care work as a major constraint limiting women's economic growth, with multiplier socio-economic impacts. Women's unequal share of unpaid work is an important manifestation and dimension of gender inequality, and is recognized by women's rights advocates as a human rights issue.

*'A gender analysis of the employment stimulus in seven OECD countries indicate that 1.5 million jobs could be created in the UK if 2 percent of the Gross Domestic Product (GDP) were invested in care industries, compared to 750,000 for an equivalent investment in construction.'*

De Henau, J. Himmelweit, S. Łapniewska, Z. and Perrons, D. (2016). *Investing in the Care Economy: A gender analysis of employment stimulus in seven OECD countries.*

## **INVESTING IN THE CARE SECTOR IS SENSIBLE ECONOMICS**

Increased investments in the care sector will result in improved female workforce participation rates, decent work conditions and an expansion of care employment opportunities in the formal sector.<sup>10</sup> This will positively impact economic growth. With increased revenues, more money will be available for reinvestments, leading to vibrant social sector allocations. Gender-responsive budgeting (GRB) is a valuable tool in this area of work, as it examines the extent to which public policies and allocations impact the economic and social opportunities of women and men. The GRB approach focuses on making visible women's unpaid and underpaid care work, the contribution of this work to the economy and the need for its valuation. It also influences macroeconomic policies and strengthens public finance management systems that track investments in care-focused policies and sectors. At the programme or project level, a GRB approach enables strong gender and care work analysis to feed into programme design and investments across multiple sectors.

### **CRISES EXACERBATE GENDER VULNERABILITIES AND WOMEN'S UNPAID CARE WORK**

Crisis compound vulnerabilities. They can deepen inequalities and discrimination against women and girls and other marginalized groups. They also increase care responsibilities, both paid and unpaid. During disease outbreaks, for instance, women are saddled with increased care work in addition to their existing responsibilities based on the gendered division of productive, reproductive and community-managing roles.<sup>11</sup> The COVID-19 pandemic has resulted in a rise in demand for care work, according to emerging evidence from rapid assessment surveys<sup>12</sup> in Asia to study the gendered impact of disease outbreak. This increased demand has disproportionately impacted women and exacerbated inequalities in the gendered division of labour.<sup>13</sup> Another global study by Oxfam<sup>14</sup> in five countries has reinforced these findings.

### **WOMEN'S FRONTLINE ROLE IN HEALTH AND SOCIAL SECTOR SERVICES AND ISSUES**

Women constitute the majority (70%) of the global health and social sector workforce.<sup>15</sup> Given their frontline role in the delivery of services and interaction with the community, they face a higher risk of exposure and burnout.<sup>16</sup> Due to the informal nature of engagement, a huge proportion of women healthcare workers are not covered under social protection measures, despite their crucial role in the delivery of essential and emergency healthcare and social sector services. These care workers also shoulder a double care load – given their additional unpaid work inside their homes.

## **THE 'CARE BLINDNESS' OF PANDEMIC RELIEF AND RECOVERY PROGRAMMES**

Governments around the world rolled out economic assistance packages to mitigate the economic and human impacts of the COVID-19 pandemic. These included macroeconomic measures to stabilize the economy, steps to preserve jobs and businesses, and direct social security benefits to protect households and individuals. The UNDP COVID-19 Global Gender Response Tracker<sup>17</sup> monitors these policy measures from a gendered perspective, including their impact on: women's economic and social security, unpaid care work, the labour market, and steps to prevent violence against women. The tracker data indicates that of the 2,517 measures announced worldwide to mitigate the impact of the COVID-19 crisis, 36% were gender responsive. The proportion of countries

reporting at least one such intervention ranges from 93% in Europe to 63% in Africa (Figure 1). The majority of gender-responsive measures focused on preventing gender-based violence (GBV), with the lowest priority given to unpaid care work (Figure 2).

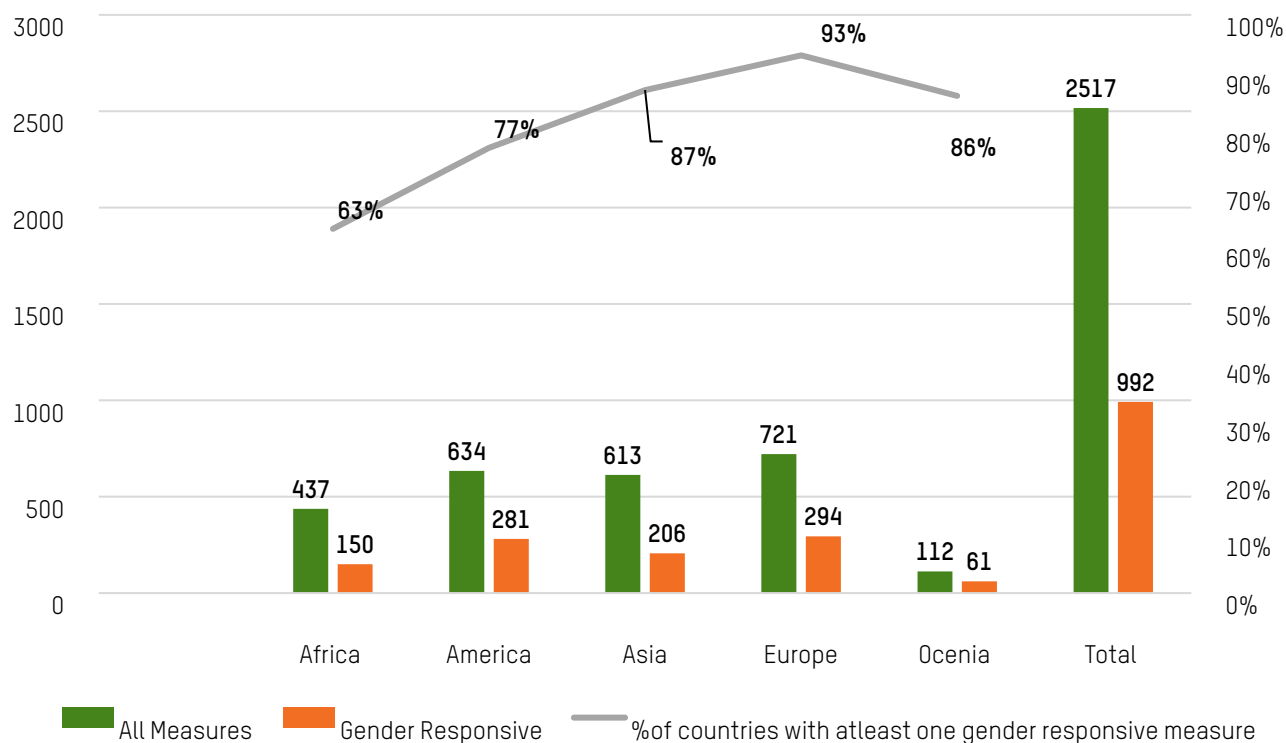
In the Asia region, 76% of the interventions were to prevent violence against women, 17% to enhance women’s economic security, while 7% planned to address women’s unpaid care work (Figure 3). Despite emerging evidence on unpaid care work increasing due to the pandemic, the policy response and measures fall short of addressing this. In the paid segment, labour market interventions in the form of social assistance benefits were mostly directed towards the visible workforce enlisted in the formal sector. As such, they bypassed the large majority of paid women workers in the informal sector, thus raising the question of equity – and pointing towards the care blindness of the labour market relief package.

**Box 1: Key facts on the gender-responsiveness of COVID-19 mitigation measures**

- Of the 2,517 measures announced worldwide to mitigate the impact of the COVID-19 crisis, 36% were gender responsive.
- The proportion of countries that implemented at least one such (gender-responsive) intervention ranges from 93% in Europe to 63% in Africa.
- In the Asia region, 76% of interventions were to prevent violence against women and 17% to enhance women’s economic security; only 7% planned to address women’s unpaid care work.

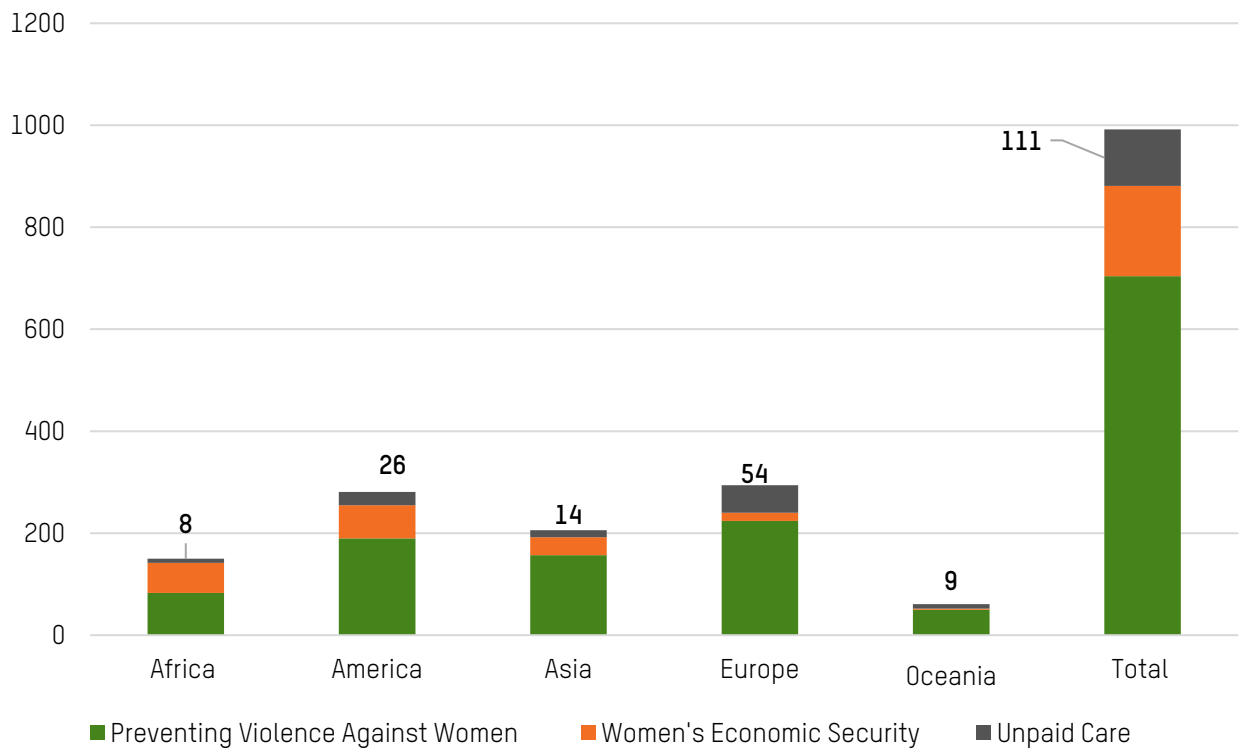
Source: UNDP COVID-19 Gender Response Tracker

**Figure 1: Number of pandemic mitigation measures by region**



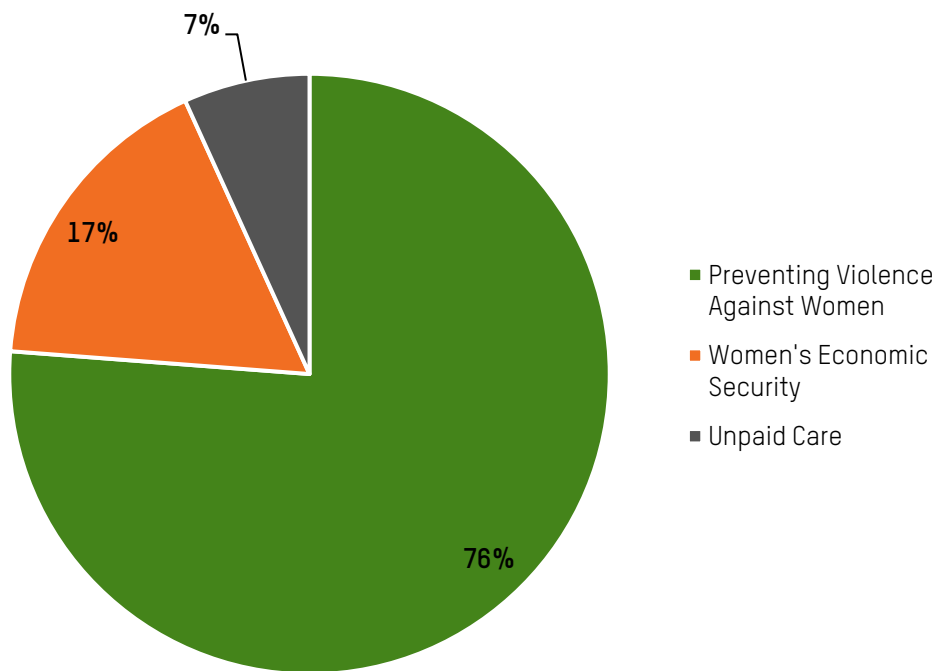
Source: UNDP COVID-19 Gender Response Tracker

Figure 2: Regional distribution of type of gender-responsive measures



Source: UNDP COVID 19 Gender Response Tracker

Figure 3: Distribution of type of gender-responsive measures in Asia



Source: UNDP COVID-19 Gender Response Tracker

# COVID-19 RESPONSE AND INTERNATIONAL FINANCIAL INSTITUTIONS (IFIS)

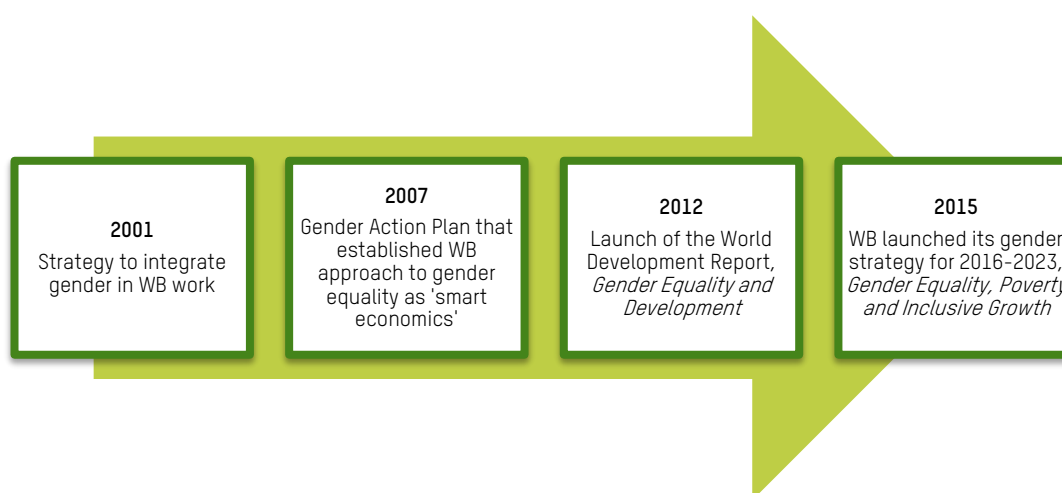
During a global or national crisis, International Financial Institutions (IFIs) can play an important role as one of the first responders providing financing to governments. In general, IFIs can provide crucial support to countries in achieving sustainable socio-economic development.<sup>18</sup> The IFIs provide project development support, funding and implementation oversight including advisory services, research and diagnostics. Many of the IFIs have explicit **aims to reduce global poverty, improve living conditions, support economic, social and institutional development, and promote regional cooperation and integration**. In response to the global COVID-19 pandemic, the IFIs and multilateral development banks (MDBs) have mobilized unprecedented levels of financial resources to support countries globally.<sup>19</sup> The International Monetary Fund (IMF) has referenced its \$1 trillion lending capacity, and, early in the pandemic, the MDBs committed to mobilizing \$240bn over 15 months.<sup>20</sup> Of the MDBs, the World Bank Group (WBG) pledged to deploy \$160bn in financing capacity up to June 2021,<sup>21</sup> the highest figure of all the MDBs' COVID-19 response packages.<sup>22</sup> Low- and middle-income countries have been turning to the IFIs not only for financial support, but also for technical and advisory services.

IFIs are thus well placed to pursue a **'build back anew'** agenda, both through direct project financing as well as through policy advocacy. It is thus vital that care work is brought into the IFIs' focus agenda in order to move towards rebuilding a more gender-just and equal future.

The foundations of care inclusion have already been laid in the work of many IFIs through their gender strategies. Building on this, most IFIs, especially the World Bank, have already taken some steps towards bringing gender and care work into their mainstream agenda (Box 2).

## Box 2: The World Bank gender strategy and care work

According to the World Bank, the institution is committed to promoting gender equality and women's empowerment in its programme operations across member countries. The WBG states that gender equality is central to the World Bank's goal to end extreme poverty and boost shared prosperity. The Bank's efforts on gender have evolved from 2001 to 2015, with the approval of its current gender strategy.



The most recent gender strategy launched by the World Bank in 2015, ***Gender Equality, Poverty and Inclusive Growth (2016-2023)***,<sup>23</sup> includes four strategic objectives:

- *improve human endowments;*
- *remove constraints to more and better jobs;*
- *remove barriers to women's ownership and control of assets;*
- *enhance women's voice and agency.*

All four strategic objectives are impacted by gender-responsive public finance management. Furthermore, the impact of macroeconomic policy advice on gender equality cannot be underestimated. On these twin fronts, the framework that guides the Bank's gender mainstreaming principles may be staring at a 'blind spot'.<sup>24</sup> The strategy is also silent on the 'unpaid and paid care work' that overarches all four strategic objectives.

#### ***World Bank Group and care work***

*'Out of a total of 36 projects, only three explicitly focus on reducing women's lack of time – time poverty – due to care-related responsibilities, while the design of the remaining 33 projects fails to account for unpaid care work. This is a clear indicator that women's unpaid but necessary contributions are undervalued in project design, further hindering their employment and human development opportunities.'* UNU-WIDER, 2013<sup>25</sup>

An in-depth study aimed at determining the extent to which World Bank investments address unpaid care work examined 36 projects in Malawi, Mali, Niger and Rwanda. It found that an overwhelming 92% of the projects did not factor care in at all.<sup>26</sup>

#### ***Gender strategy and care work***

The World Bank gender strategy recognizes unpaid care work as a constraint to women's paid employment. As key aspects of investment projects, it particularly highlights the high proportion of domestic work falling on women's shoulders due to infrastructure deficits and time spent on childcare. The gender strategy further acknowledges the need for increased use of sex-disaggregated data. It also points to the need for technical support in collecting and analysing time-use data as a priority in strengthening national statistical capacities and systems.

#### ***Research and advisory services***

- In 2017, the International Finance Corporation (IFC) commissioned a series of reports to build a business case for employer-supported childcare services. The reports also documented good practices. Building on this research, IFC initiated the *Global Tackling Childcare Advisory programme* to work with companies across regions and sectors to aid the implementation of family-friendly workplace policies that go beyond childcare to include flexible work arrangements, paid leave and breastfeeding support.<sup>27</sup> The medium-term review of the World Bank gender strategy documented this practice as an advisory service that IFC has successfully implemented to influence the practices of the private sector.<sup>28</sup>
- The World Bank's 2020 paper *Better Jobs and Brighter Futures: Investing in Childcare to Build Human Capital* aims to build on the momentum that was created through ongoing Bank initiatives that focused on childcare development, including UNICEF's work on family-friendly policies. The paper reiterates the need to expand quality childcare, and acknowledges that this will create opportunities to deliver better jobs through improving women's employment and productivity, leading to overall economic development. In strategies that target the care workforce, the paper recommends provision of 'Quality training programmes and support through continuous professional development', as well as 'professional standards and recognition for the workforce' to develop the competencies of early childcare workers. It also includes the need to establish competitive salary scales and raise the status of workers engaged in this sector, so that professionals and their work are not devalued.

### ***Care sector investments***

Over the years, the WBG has supported some childcare programmes. In 2015, an independent evaluation of the Bank's Early Childhood Development (ECD) programmes indicates that its lending to support ECD programmes had increased since 2000, with the Bank supporting cross-sector ECD components in over 106 countries. The Bank's investments in other sectors have also likely had positive care-related impacts. For example, public education and health sector investments can enhance female participation in paid work and improve equitable access to these services. Infrastructure, as a priority investment area of the Bank's, can also accrue implicit benefits by improving women's access to basic services, positively impacting their time use and care work.

## **ASSESSING CARE-RESPONSIVENESS**

There is an urgent need to move towards a robust, care-centred post-COVID recovery strategy, based on the context and strong rationale outlined above. The role of the IFIs is significant in the response and recovery phase; this is especially true of the WBG, given its high volumes of committed investments across sectors, especially in low-income, vulnerable countries.

With this in mind, Oxfam, in collaboration with various feminist organizations and care worker associations including International Women's Rights Action Watch (IWRRAW), Initiative for What Works to Advance Women and Girls in the Economy (IWWAGE), Amnesty International, International Trade Union Confederation (ITUC), UNI Global Union (formerly Union Network International), the Bretton Woods Project, Public Service International (PSI) and the International Domestic Workers Federation (IDWF), has been developing a **Care Principles and Care-Responsiveness Barometer**.<sup>29</sup> The purpose is to co-create a set of guidelines and toolkit to enable IFIs to promote, measure and improve the care-responsiveness of all their operations, which could serve as an important advocacy tool for promoting the care agenda across all development work.

The Care Principles are envisioned with the intent to serve as a guideline for care-responsive strategies. They are guided by the '5R framework' of the ILO (Box 3) and emanate from the care-related provisions endorsed by various human rights mandates, conventions and international labour standards. These guidelines will contribute towards realigning institutional strategies to correct labour market disparities through improved work conditions, and to positively redefine gender norms and household inequalities. The Care-Responsiveness Barometer takes this a step further by providing a planning tool for adopting the Care Principles and a monitoring framework to capture progress on integrating a care perspective into the IFIs' internal and external operations.

### Box 3: The 5R framework

The 5R framework is a human rights-based and gender-responsive approach to **mitigate care-related inequalities** and **address the barriers that prevent women from entering the paid workforce**. It also helps to improve the conditions of care workers and, by extension, the quality of care they provide. The framework calls for governments and policy makers to:

#### ***Recognize, reduce and redistribute unpaid care work***

- Measure all forms of care work and take unpaid care work into account in decision making
- Invest in quality care services, care policies and care-relevant infrastructure
- Promote active labour market policies that support the attachment, reintegration and progress of unpaid carers into the labour force
- Enact and implement family-friendly working arrangements for all workers
- Promote information and education for more gender-equal households, workplaces and societies
- Guarantee the right to universal access to quality care services
- Ensure care-friendly and gender-responsive social protection systems, including social protection floors
- Implement gender-responsive and publicly funded leave policies for all women and men

#### ***Reward: more and decent work for all workers, including care workers***

- Regulate and implement decent terms and conditions of employment and achieve equal pay for work of equal value for all workers, including care workers
- Ensure a safe, attractive and stimulating work environment for both women and men care workers
- Enact laws and implement measures to protect migrant care workers

#### ***Representation, social dialogue and collective bargaining for care workers***

- Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic and public life
- Promote freedom of association for care workers and employers
- Promote social dialogue and strengthen the right to collective bargaining in care sectors
- Promote the building of alliances between trade unions representing care workers and civil society organizations representing care recipients and unpaid carers

Addati A., et al. (2018). *Care work and Care jobs for the Future of Decent Work*.

## OBJECTIVE AND AIM OF THE ASSESSMENT

The **objective** of this review is to assess the nature of the WBG's post-COVID recovery investments from a care perspective using the **Care Principles and Care-Responsiveness Barometer for IFIs**. The **aim** is to build the evidence, through a gender- and care-responsive budget review of World Bank pandemic emergency response in select member countries in Asia, on the linkages between the care economy, sector investments and the role of the IFIs. The report envisages presenting a strong case to advocate for a **care-equitable post-COVID-19 recovery stimulus**.

## METHODOLOGY

The assessment followed a multi-stage process:

- The assessment design was developed using the Care Principles and Care-Responsiveness Barometer for IFIs toolkit. This includes a central framework, project-level checklist (Appendix 4), project-level tip sheet (Appendix 5) and a scoring sheet (Appendix 6).
- Twelve case studies were developed based on the findings and a proxy method was employed to calculate the care-responsive budget (see Appendix 3: Scoring and care-responsive budget methodology).

Table 1 below and the Appendices 1,2,3 at the end of the report provide a detailed description of the approach, sampling and scoring methodology and research tools. The approach and the research tools were planned keeping in mind the scope and the data limitations, which are also summarized below.

**Table 1: The assessment process**

<p><b>Sample selection</b></p>	<ul style="list-style-type: none"> <li>• Country selection. Sampling was done through a two-stage process; based on the sampling criterion, four countries (Bangladesh, Cambodia, Nepal and Philippines) were shortlisted (see Appendix 1).</li> <li>• Project selection. The COVID-19 emergency projects were longlisted and 12 projects approved in 2020 were identified. A purposive attempt was made to select projects representing diverse sectors (Appendix 2).</li> </ul> <p>The projects included:</p> <p><b><i>Development policy financing</i></b></p> <ul style="list-style-type: none"> <li>• P1. Bangladesh Second Programmatic Jobs Development Policy Credit</li> <li>• P2. Second Philippines Promoting Competitiveness and Enhancing Resilience Development Policy Loan</li> <li>• P3. Nepal Finance for Growth Development Policy Financing</li> </ul> <p><b><i>Investment project financing</i></b></p> <p><b><i>Care services</i></b></p> <ul style="list-style-type: none"> <li>• P4. Bangladesh COVID-19 School Sector Response</li> <li>• P5. Philippines COVID-19 Emergency Response Project</li> <li>• P6. Cambodia Community-based Childcare for Garment Workers Project</li> </ul> <p><b><i>Care infrastructure</i></b></p> <ul style="list-style-type: none"> <li>• P7. Bangladesh Rural Water, Sanitation and Hygiene for Human Capital Development Project</li> <li>• P8. Nepal Urban Governance and Infrastructure Project</li> <li>• P9. Cambodia Road Connectivity Improvement Project</li> </ul> <p><b><i>Social protection and decent jobs</i></b></p> <ul style="list-style-type: none"> <li>• P10. Philippines Beneficiary FIRST Social Protection Project</li> <li>• P11. Nepal Rural Economic Enterprise Development Project</li> <li>• P12. Cambodia Strengthening Pre-Service Education System for Health Professionals Project</li> </ul>
<p><b>Methodology and tools</b></p>	<p><i>(For detailed methodology, see Appendix 3)</i></p> <ul style="list-style-type: none"> <li>• The assessment design was finalized using the central framework, project-level checklist, project-level tip sheet and scoring sheet.</li> <li>• The 5R framework (Box 3) was used to guide the analysis: Indicator 1. Measures to recognize care work</li> </ul>

	<p>Indicator 2. Measures to redistribute care work</p> <p>Indicator 3. Measures to reduce care work</p> <p>Indicator 4. Measures to reward and promote decent care work</p> <p>Indicator 5. Measures to strengthen representation</p> <ul style="list-style-type: none"> <li>• A desk review of project documents was carried out.</li> <li>• The checklist was populated with data based on the desk review findings <b>(see project-level checklist in Appendix 4)</b>.</li> <li>• The care-responsiveness assessment tip sheet was used to calculate the scores for each indicator <b>(see project-level tip sheet in Appendix 5)</b>.</li> <li>• The scores were inputted into a scoring sheet to get an indicator-based scoring method to measure the extent of care-responsiveness <b>(see project results across all indicators in Appendix 6)</b>.</li> <li>• A composite three-signal colour code was used to present the data as: <table border="1" data-bbox="550 672 1404 757"> <tr> <td data-bbox="550 672 837 757">Missing minimum requirements</td> <td data-bbox="837 672 1125 757">Approaching minimum requirements</td> <td data-bbox="1125 672 1404 757">Satisfies minimum requirements</td> </tr> </table> </li> <li>• A proxy method was employed to calculate the care-responsive budget (see Appendix 3).</li> </ul>	Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements		
<b>Case studies</b>	<ul style="list-style-type: none"> <li>• The information gathered through the desk review was systematically analysed for all the 12 projects, and project-specific case studies were developed for the assessment report.</li> </ul>			

The 12 case studies provide an in-depth assessment of the extent of care-responsiveness of the World Bank’s COVID-19 emergency response in policy and sector lending. Project documents were reviewed to assess care-responsive design elements, and a structured questionnaire with a checklist was developed. This was used to track and measure care-responsiveness scores across select indicators, on the basis of which the case studies were drafted. The case studies include three examples under development policy financing, and nine that are funded through investment project financing. A broad range of projects were chosen to represent the public policy, education, health, social protection, water and sanitation, and road infrastructure sectors. The policy loans focused on strengthening reforms for faster and inclusive post-COVID-19 economic growth, improved market competition, increased revenues and a vibrant investment climate. All projects were approved in 2020 and integrated a strong COVID-19 response.

## LIMITATIONS

There were several limitations, of which data constraints was a major one. Reliance on the project documents as the only data source narrowed the scope and depth of the assessment. The second main factor was the timeline for project selection, which limited the focus to the project design. Given the short timeframe between project approval and assessment, it did not cover implementation, monitoring and impacts. This further constrained field data collation and interviews with people targeted by the project. The qualitative aspects of implementation were therefore not considered. As the project budgets did not lend themselves to any form of data disaggregation, the most challenging aspect was to calculate the care-responsive budget figures. A proxy method was therefore adopted to estimate the proportion of an investment that could be considered care responsive and to overcome the data limitations (Box 4).

#### Box 4: Calculating the care-responsive budget – the rationale for proxy methodology

Analysing the impact of public spending in relation to gender, especially in indivisible sectors (i.e. where it is not possible to collect sex-disaggregated data), is a huge challenge. The absence of sex-disaggregated data on people targeted by the project and limited information regarding line item/activity-based budgets are other barriers in the valuation/estimation of gender budgets in sector investments. Various alternative or ‘proxy’ methodologies are often used to help mitigate these limitations; the assessment used two of these. The first methodology was developed to suit infrastructure investments, while the second approach has a broader application and cuts across all sector investments.

- *The Female Beneficiary Estimation Tool* is an approach developed for infrastructure projects. It is a ‘forecasting’ tool that estimates the gender impacts of pure infrastructure investments. The tool employs ‘default or proxy parameters’ to establish the number of women and girls likely to benefit from a specific project. It uses a set of variables – population, gender inequality adjustment data, sector type adjustment data<sup>30</sup> and gender mainstreaming adjustment<sup>31</sup> to calculate and forecast the value of benefits for women and girls.<sup>32</sup>
- *The Gender Budget Scoring Methodology, Ministry of Finance, Government of People’s Republic of Bangladesh* uses a set of pre-defined standards<sup>33</sup> or indicators and guiding questions to help identify pro-women advancement activities in each ministry/sector. If an activity or project fulfils any one or more of the 14 standards, it is considered as pro-women/girls. Scoring is based on the response on each of these parameters. The final percentage scores are taken as the ‘gender budget’ for that investment. The line ministries/divisions use these standards to assign a percentage of the expenditure/allocation to a project that will result in women’s advancement.

On the basis of the scores, projects are grouped into five categories:

Project score or gender budget score	Category
0%	Does not improve women’s advancement
1–33%	Low level of benefit for women
34–66%	Medium level of benefit for women
67–99%	High level of benefit for women
100%	Specifically aimed at promoting women’s advancement. Poor women are explicitly named as a target group.

Based on this data, a Gender Budget Report is published with the expenditure budget.<sup>34</sup>

The ‘proxy methodology’ for the case studies used in this report (see Appendix 3) was developed keeping in mind these popular practices and approaches. The indicators and scoring criterion were contextualized to the care sector and made relevant to care-responsive budget analysis.

## 2 CARE ECONOMY IN THE SELECT COUNTRIES

‘The world is facing a care crisis due to the impacts of an ageing population, cuts to public services and social protection systems, and the effects of climate change – threatening to make it worse and increase the burden on care workers.’

Coffey, C., et al. (2020). *Time to Care: Unpaid and underpaid care work and the global inequality crisis.*

### THE CARE WORK LANDSCAPE

In the way that they are currently implemented, macroeconomic policies and planning processes are care blind. This undervalues women’s paid and unpaid care work and undermines their contribution to the economy and to overall human wellbeing. Women make up 65% of the global care workforce, according to the ILO.<sup>35</sup> Yet investments in the care sectors (health, education, social and public works) are exceedingly low. Women end up performing even more unpaid care work and leaving jobs as a result of under-investments and poor provision of health, social and public care services. The high care dependency ratios in most developing countries further add to the unpaid and underpaid care workload.<sup>36</sup> Women facing structural barriers of race, ethnicity or religion experience multiple disadvantages and are most likely to be poor, lack decent work and wages, and have the largest amount of unpaid care responsibilities. They also have the highest dependency on public services.<sup>37</sup>

Using select data, this chapter attempts to uncover the care economy sectors in Bangladesh, Cambodia, Nepal and the Philippines, and to understand the pathways that shape the care work landscape.

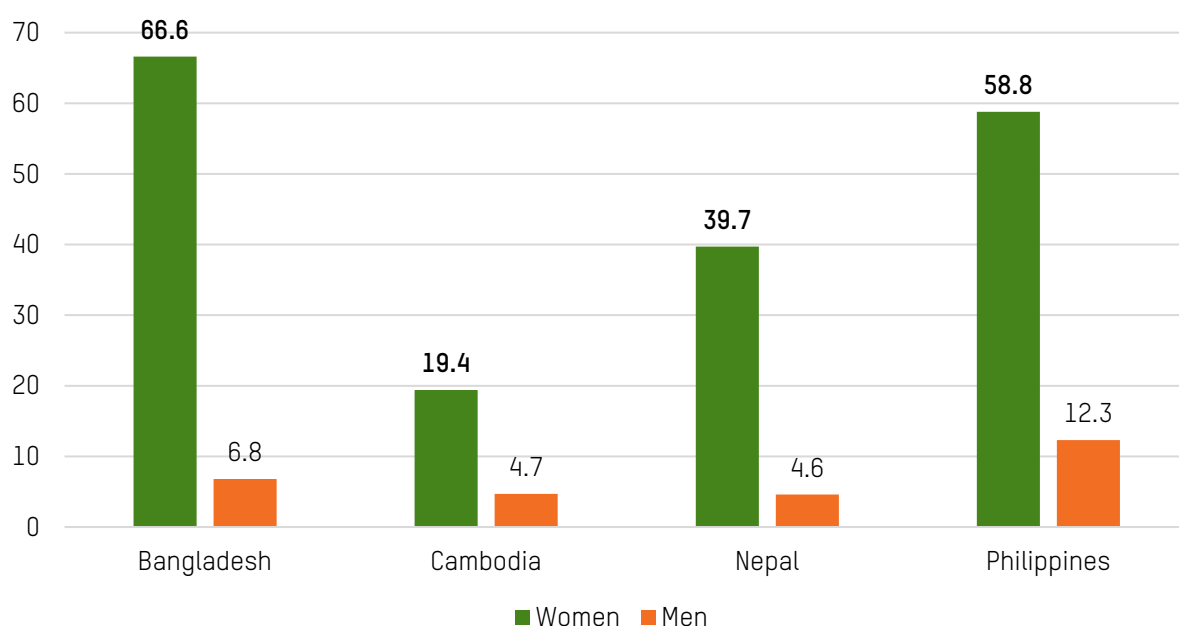
‘10 to 40 per cent of GDP – the estimated total value of unpaid care and domestic work, is largely carried out by women worldwide. It can surpass that of manufacturing, commerce, transportation and other “key” economic sectors.’

UN Commission on the Status of Women, sixty-first session, 2017

### UNPAID CARE WORK AND LOW FEMALE WORKFORCE PARTICIPATION

Disproportionate care work results in low female workforce participation. Almost two-thirds (66%) of economically inactive women in Bangladesh and a slightly smaller number in the Philippines (59%) are out of the workforce due to their unpaid care responsibilities, according to the ILO (Figure 4). Although the percentage is lower for Cambodia (19%) and Nepal (40%), the gender differences are stark across all four countries. The data provides evidence of gender inequalities in the division of unpaid care work, and women’s consequent inability to participate in the formal economy. Those who do work prefer part-time options, which are mostly in the unregulated informal sectors. There is a combined triple impact;<sup>38</sup> as well as having a higher unpaid workload and lower workforce participation, women have heightened vulnerability to exploitative conditions of employment.

**Figure 4: Percentage of economically inactive people who are outside the labour force due to unpaid care work responsibilities, by sex**



Addati A., et al. (2018). *Care work and Care jobs for the Future of Decent Work*.

## FEMINIZATION OF THE CARE WORKFORCE AND THE GENDER PAY GAP

The care work economy covers the full spectrum of workers engaged in the provision and delivery of care services. In the education sector, which employs roughly 5.3% of the global workforce, more than 60% of workers are women; and in the human health and social sectors, which employ 4.1% of the global workforce, an overwhelming 70.4% of workers are women.<sup>39</sup> This high female participation in social sectors is mainly due to the nature of the work, which is perceived to be compatible with women’s domestic care work responsibilities. Societal gender norms, which are reinforced time and again (socialization), ascribe care work as being ‘natural’ to women’s skills and temperament, resulting in women being preferred in these jobs. This conditioning is so strong that women often prefer these traditional jobs to non-traditional (male-oriented) professions.

This results in stereotypical segregation in occupations, undervaluation of women workers, and a high concentration of women in low-skilled and low-paid jobs, with clear pay gaps. For instance, women workers in the health sector can be paid 28% less than men, according to a study of median wage analysis from 21 countries.<sup>40</sup> Oxfam’s *Time to Care* report states that care workers are paid significantly less than workers with similar qualifications and skills in other sectors. This leads to a pay gap or ‘care pay penalty’ in the range of 4 to 40%.<sup>41</sup> Private sector care services are mostly unregulated with adverse employment conditions, and without security of tenure or social protection benefits. The Oxfam report also emphasizes the long working hours for paid care workers in the unregulated informal sectors.<sup>42</sup> Concentration of care workers in the private sector continues to dominate the employment landscape. In the education sector, this can be seen in the case of Bangladesh, whereas Cambodia, Nepal and the Philippines have a higher concentration of education workers in the public sector. In the health and social sectors, all four countries have a higher concentration of workers in the private sector (Table 2).

**Table 2: Care workers in public and private employment (in education, health and social work), by sex**

Sector	Education						Health and social work					
	Public care workers			Private care workers			Public care workers			Private care workers		
Country	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women
<i>Bangladesh</i>	43	45	41	57	55	59	35	31	39	65	69	61
<i>Cambodia</i>	83	83	84	17	17	16	54	58	49	46	42	51
<i>Nepal</i>	65	73	51	35	27	49	35	34	36	65	66	64
<i>Philippines</i>	75	67	54	25	33	23	39	35	40	61	65	60

Source: Addati A., et al. (2018). *Care work and Care jobs for the Future of Decent Work*.

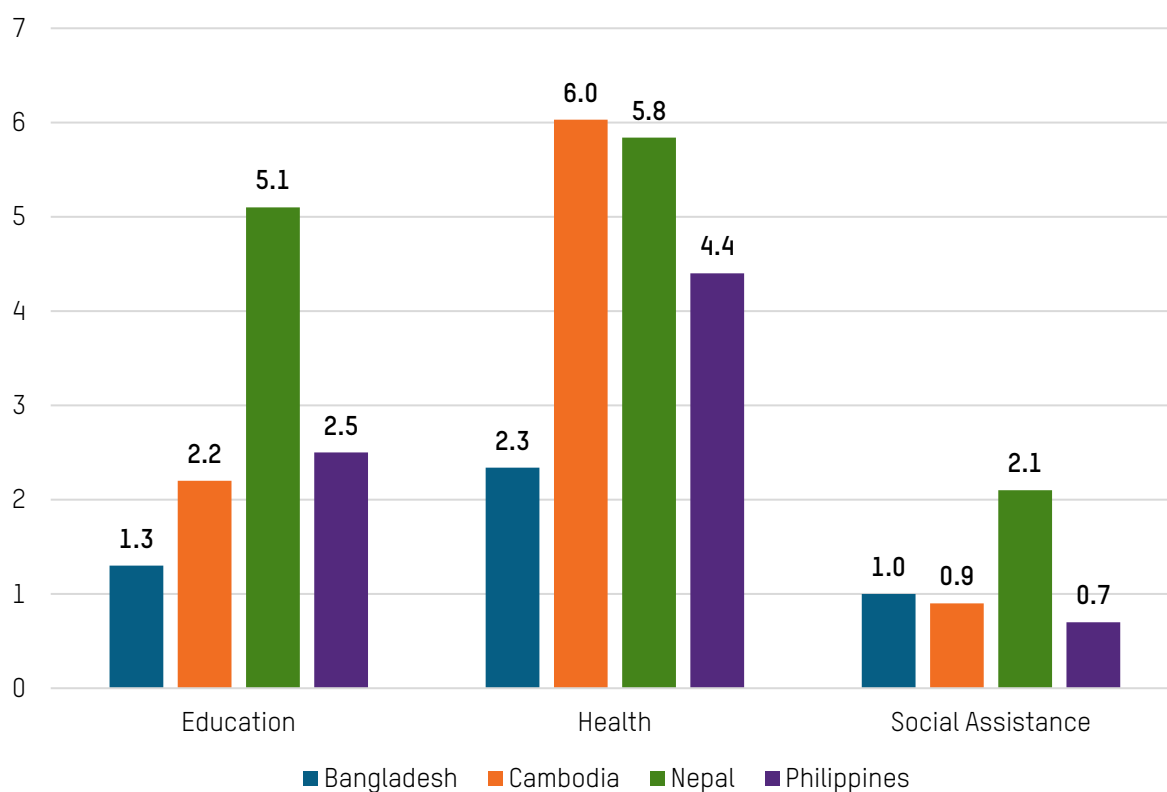
## INVESTMENT PRIORITIES IN CARE SECTORS AND CARE WORK OPPORTUNITIES

Human development and wellbeing cannot be realized without adequate investments in social infrastructure. The government's expenditure priorities in social sectors are reflected by the amount of government spending as a proportion of GDP. This spending also determines how fast the care sector can expand, the quality of service delivery and the volume of workforce participation. Underfunding in these sectors may lead to a high concentration of care workers in private care work, as is reflected in Table 2. Education expenditure as a percentage of GDP, for example, was very low for Bangladesh (1.3%) but comparatively higher for Cambodia (2.2%), Nepal (5.1%) and the Philippines (2.5%). The same is true for health expenditure as percentage of GDP, which was the lowest for Bangladesh at 2.3% (Figure 5). The World Health Organization stipulates that at least 5% of GDP should be spent on health expenditure to achieve universal health coverage. Norway, which has the highest Human Development Index, of 0.957,<sup>43</sup> allocates 7.9% of GDP to education<sup>44</sup> and 10.1% of GDP to health expenditure.<sup>45</sup>

'If two per cent of GDP were invested in the health and care sector, it would generate increases in overall employment ranging from 1.2 percent to 3.2 percent, depending on the country.'

De Henau, J. Himmelweit, S. and Perrons, D. (2017). *Investing in the Care Economy: Simulating employment effects by gender in countries in emerging economies*.

Figure 5: Social sectors and government expenditure as a percentage of GDP

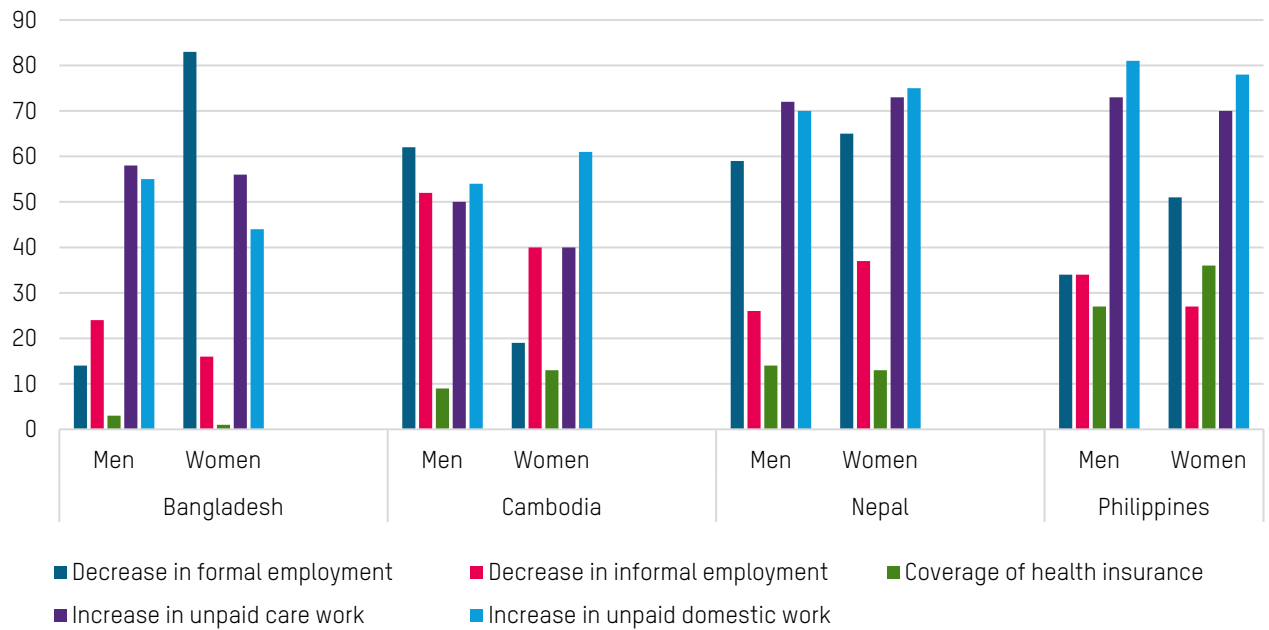


Source: World Bank Database, 2019

## COVID-19, GENDER IMPACT AND THE CARE SECTOR

The spiralling global economic recession and job losses have resulted in mass unemployment on an unprecedented scale. More women were affected by employment loss compared to men, globally and across region and country income groups, according to evidence from the ILO COVID-19 and the world of work monitor.<sup>46</sup> It estimates that the employment loss for women was 5.0% in 2020, in comparison to 3.9% for men.<sup>47</sup> In South Asia, women faced substantial loss in formal and informal employment, were less likely to be covered by health insurance and experienced an increase in unpaid care work, especially unpaid domestic work, according to emerging evidence from rapid assessment surveys<sup>48</sup> to study the gendered impact of the pandemic. It is to be noted, however, that there are differences in the patterns across the four countries (Figure 6). The collective impact has been an increase in women’s paid and unpaid care work, and deepening gender inequalities and gender division of labour, both at work and home.<sup>49</sup>

Figure 6: Gender and care work impacts of COVID-19



Source: UN Women. (2020, April 23). *Rapid Assessment Survey on the socio-economic consequences of COVID-19 on women's and men's economic empowerment*.

Unequal distribution of care work perpetuates gender and economic inequalities. Wage discrimination limits care workers' access to higher-paying skilled jobs, further deepening gender inequalities in employment. It also leaves women and girls time poor, unable to meet their basic needs or to participate in social and political activities.<sup>50</sup> In the face of a crisis such as COVID-19, the evidence shows that there is a disproportionately higher impact on women's time use, care work, employment and workforce participation. The factors that influence women's time use and unpaid/underpaid/paid care work, and paid work, collectively, deepen gender inequality to shape the care landscape. This demands appropriate solutions – and it is therefore crucial to position women at the heart of development finance priorities to ensure a recovery that is equitable and care-sensitive.

# 3 CASE STUDIES ON DEVELOPMENT POLICY FINANCING

‘Under the UN-mandated system of National Accounts, Investment in physical infrastructure counts as capital stock, whereas investment in social infrastructure is considered as government annual current spending. While expenditure on predominantly-male construction sector is counted as an investment, support for the mainly-female care economy is seen as a cost.’

De Henau, J. Himmelweit, S. and Perrons, D. (2017). *Investing in the Care Economy: Simulating employment effects by gender in countries in emerging economies*.

## DEVELOPMENT POLICY FINANCING (DPF) BY THE WORLD BANK

Development policy financing (DPF)<sup>51</sup> is a World Bank lending instrument that is intended to support the member country in targeted policy reforms and institutional actions. This financing modality is the Bank’s version of general budget support, with disbursements conditional on the achievement of agreed ‘prior actions’ or reforms. The Bank makes the funds available only upon: (a) maintenance of an adequate macroeconomic policy framework, as determined by the Bank with inputs from IMF assessments; (b) satisfactory implementation of the overall reform programme; and (c) completion of a set of critical mutually agreed prior policy and institutional actions (prior actions) between the Bank and the member country.<sup>52</sup> This type of lending has been critiqued, including during the COVID-19 pandemic, for its heavy use of conditionality and general lack of transparency and consultation.

The 2015 DPF retrospective study<sup>53</sup> shows that between 2005 and 2015, DPF accounted for almost one-quarter of total Bank lending, although this rose to nearly 40% in the aftermath of the global financial crisis in 2008.<sup>54</sup> The lending is supposed to be in support of and consistent with the member country’s macroeconomic and sectoral policies, with investments geared towards improving public finances, human development and efficient delivery of social protection measures, through concrete policy and institutional actions.<sup>55</sup> While the focus of the DPF in the initial years was on public sector governance, the DPF retrospective study highlighted a shift to focus on measures for improving the investment climate, strengthening competitiveness and improving social safety nets.<sup>56</sup> It indicates an 11% increase in the share of social development and protection themes between 2005 and 2015.<sup>57</sup>

The study also showed that the lending operations integrated an increased focus on gender, with **43 operations reporting gender-mainstreaming actions**.<sup>58</sup> Of these, a sector breakdown indicates that 53% were directed to the provisioning of public services in the health and social sectors, and 14% were directed towards the education sector.<sup>59</sup> The basket of activities included explicit gender targeting, support to national gender machineries, and strengthening institutional mechanisms and national policies to address gender inequality. However, the Bretton Woods Project briefing in 2019 highlights a number of gaps and inconsistencies in the Bank’s approach to gender analysis and mainstreaming actions in the design of its DPF operations.<sup>60</sup>

# DPF, COVID-19 AND INTEGRATION OF A CARE PERSPECTIVE

The World Bank's DPF portfolio has increased again since the onset of the COVID-19 pandemic. DPF accounted for 47% of International Bank for Reconstruction and Development (IBRD) lending and 28% of International Development Association (IDA) lending, respectively, in the fourth quarter of FY 2020 (April-June 2020), as the Bank responded to the COVID-19 crisis.<sup>61</sup> These investments are expected to support health interventions, provide social protection to poor and vulnerable people, preserve jobs and livelihoods and promote sustainable business growth, while also strengthening policies, institutions and investments for resilient, inclusive and sustainable recovery, or 'Rebuilding Better'.<sup>62</sup>

The World Bank COVID-19 crisis response approach paper also recognizes the implications of the pandemic for care work, and highlights the following areas (among others) for interventions to include:

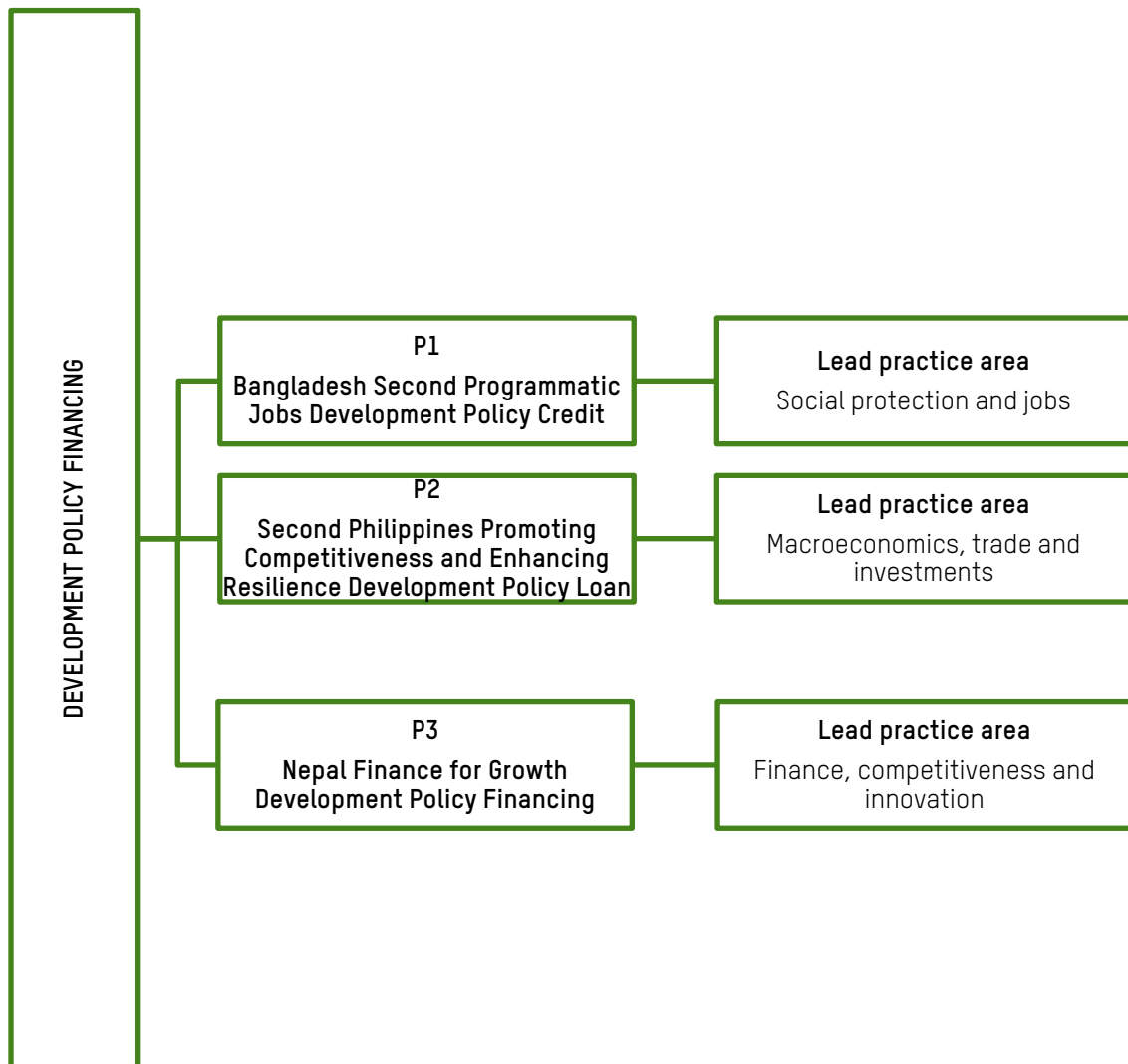
- Targeted income (cash assistance) and food support for vulnerable households;
- Behaviour change and social care services, including childcare and care for older people and people with disability;
- Provision of emergency public goods such as water supply, temporary health clinic extensions, repurposing of public facilities for health needs, public hand-washing and sanitation stations;
- Additional human capital investments in education and early childhood development (ECD); and
- Support for employment and productivity for vulnerable households, informal businesses and micro-enterprises.

However, given that there is often an observed inconsistency between the stated approach and the actual programmes, it is important to assess whether the COVID-related policy reforms analyse the discriminations and marginalization of care work and care workers, and incorporate care concerns, which have been exacerbated by the pandemic. Unless this happens, the Bank's Rebuilding Better strategy will not work for those involved in unpaid and underpaid care work. With this in mind, this care-responsiveness assessment included three DPF case studies which were approved in 2020 and appraised/re-appraised in light of the impacts of COVID-19.

## THE DPF CASE STUDIES

The three case studies<sup>63</sup> discussed below review the care-responsiveness of the World Bank COVID-19 development policy financing in Bangladesh, the Philippines and Nepal, and include a range of lead practice areas: social protection and jobs; macroeconomic trade and investments; and finance, competitiveness and innovation (Figure 7).

Figure 7: Development policy financing case studies



# P1: BANGLADESH SECOND PROGRAMMATIC JOBS DEVELOPMENT POLICY CREDIT

## CONTEXT

Bangladesh had been experiencing fast-moving economic growth and development over several years. However, maintaining the same pace of poverty reduction and job creation has been a challenge. Structural gaps in the labour market persist, with a vast number of people engaged in unpaid and informal agriculture work, as daily workers and overseas migrants, without access to adequate social protection measures.

The gender inequalities of the labour force are even more stark. Women workforce participation is only 36% as compared to 80% for men.<sup>64</sup> COVID-19 added to these endemic labour market woes, putting several million jobs at risk in a single blow. For instance, the readymade garment sector, which is the mainstay of female employment in the manufacturing sector and contributes almost 12% to the country's GDP, was severely impacted due to supply chain disruptions and cancellations of export orders.

## THE PROGRAMME

The **Bangladesh Second Programmatic Jobs Development Policy Credit (DPC 2) – P1**,<sup>65</sup> with a portfolio of \$250m, is part of a three-phase policy financing operation by the World Bank to support the Government of Bangladesh's (GoB) response to the financial crisis triggered by the COVID-19 pandemic.<sup>66</sup> Originally scheduled for approval in the first quarter of 2021, it was pre-approved in June 2020.

The programme was designed to facilitate implementation of key reforms which directly support the World Bank Country Partnership Framework (CPF) 16-20 objective of delivering 'more and better' jobs; it also aligns with the GoB's Seventh Plan for large-scale job creation for women, youth and (internal) climate migrants. The programme is intended to complement and support actions towards a more enabling business environment, especially for export-oriented investment; strengthening enforcement of labour and safety regulations; and other measures related to migration, skill development and child daycare; and development of Bangladesh's social protection systems. There is a specific emphasis on facilitating economic opportunities for women and youth.

**THE PROGRAMME OF REFORM ACTIONS IS BUILT AROUND THREE PILLARS:**

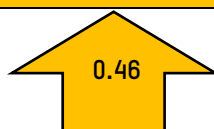
PILLAR A	PILLAR B	PILLAR C
<p>Modernizing the trade and investment environment: =&gt; to unlock short- to medium-term job creation; and =&gt; accelerate recovery from COVID-19 by improving the overall environment for private investment and exports.</p>	<p>Strengthening systems that protect workers and build resilience: =&gt; to increase protection of workers; and =&gt; strengthen and expand safety nets in response to the COVID-19 crisis by expansion of pension coverage to formal and informal private sector, and building capacities for enforcement of labour and safety regulations.</p>	<p>Improving policies and programmes that enhance access to jobs for vulnerable populations: =&gt; to strengthen programmes and institutions that support youth, women and overseas migrants to access current and emerging job opportunities by facilitating accessible and low-cost migration systems, operationalizing the National Skill Development Authority, and enacting the Child Daycare Act.</p>

**OVERALL CARE-RESPONSIVENESS RATING OF P1**

An assessment of P1 for care-responsiveness reveals that it is approaching minimum requirements, with a score of 0.46.

**P1 APPROACHING MINIMUM REQUIREMENTS OF CARE-RESPONSIVENESS**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



Analysis of care-responsiveness across the project cycle shows care-responsive actions have been taken in the project identification, preparation, appraisal, negotiation and approval stages. The Programme Information Document and the Programme Document have thoroughly analysed the importance of care work, especially unpaid care work, as a constraint to women’s economic participation and to achieving the overall growth and poverty reduction agenda in Bangladesh. P1 also identifies measures including ‘prior actions’ and ‘triggers’ related to care reforms through its emphasis on pursuing the Child Daycare Act and supporting institutional mechanisms for pilots to be expanded in the next phase (DPC 3).

However, P1 fares poorly on translating its policy commitments into actionable resource commitments. For example, the target for new daycare centres is only 60 – this is miniscule in comparison with the need. Even the commitment to build capacities for implementation of the Child Daycare Act does not have concrete actions which are adequately budgeted and captured in the results framework. Furthermore, even though the programme does focus on care work, there is no focus on data collection for analysing its impact on women’s work continuum – unpaid care work, underpaid/paid care work, paid work (employment).

Care-responsiveness scores for P1 with respect to the project cycle are presented in Table 3 (also see Appendix 4 project checklist and Appendix 6 scoring sheet).

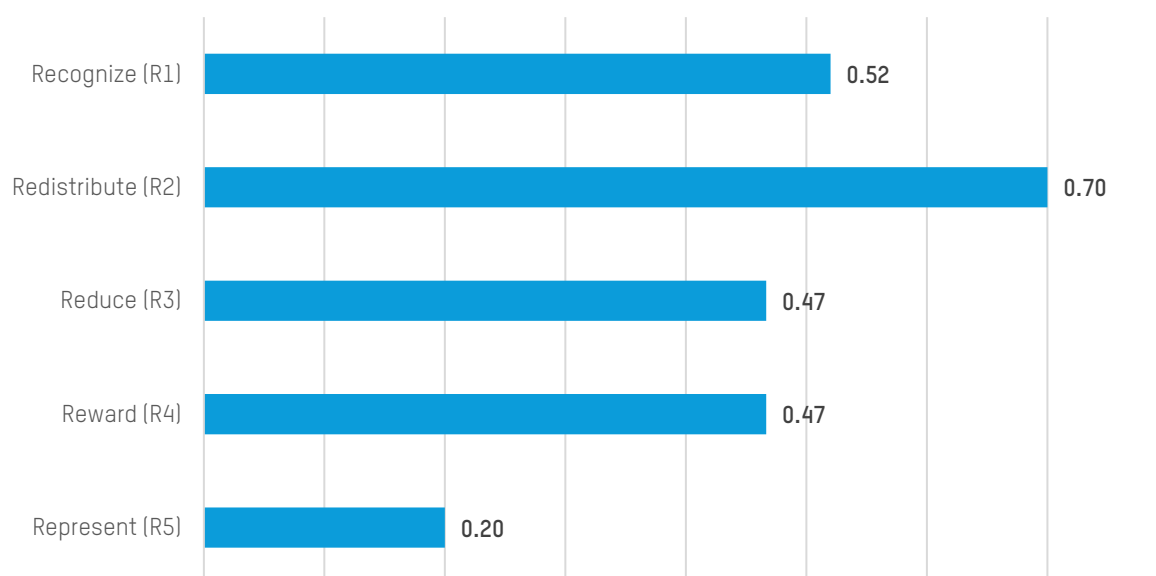
**Table 3: Care-responsiveness scores of P1 across the project cycle**

Project cycle stage	Care-responsiveness score
Project identification	0.60
Project preparation, appraisal, negotiations and approval	0.60
Resource allocation, disbursement, implementation and monitoring	0.43
Completion and evaluation	0.20

Source: Project scoring sheet, Appendix 6

Care-responsiveness scores for P1 with respect to the outcome indicators measured through the '5R' framework are presented in Figure 8 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Figure 8: Care-responsiveness scores across the 5Rs – P1**



Source: Project scoring sheet, Appendix 6

## **INDICATOR 1: MEASURES TO RECOGNIZE CARE WORK IN THE PROJECT ANALYSIS**

P1 recognizes gendered time-use and work-distribution patterns and the impact of unpaid care work on women's labour force participation. It uses data to highlight the gender stereotyping of care work, and other social disadvantages related to marriage and childbearing that impact women's labour force participation. The PID specifically includes information on accessibility of child daycare services for working women, and acknowledges the lack of quality and affordable childcare services both in the public and private domain as a key deterrent to women's participation in paid work.

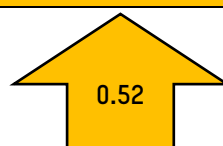
As COVID-19 has revealed again, care work can be a trigger for gender-based violence (GBV). Although not the focus of this assessment, social norms should be considered as a deep-rooted cause of GBV. Therefore, purely infrastructural solutions for childcare might not be enough to address this issue.

‘77 percent of inactive women (versus 13 percent of inactive men) report housework and care of family responsibilities as the primary reason for inactivity. Even among working women, the average hours in work are significantly lower for married women with children compared to single women.’

Jobs Diagnostic (2017) based on data from the 2016 Labour Force survey – quoted in P1 Programme Document, World Bank.

#### INDICATOR 1: P1 APPROACHING MINIMUM REQUIREMENTS TO RECOGNIZE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

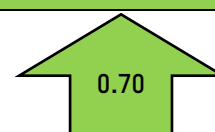


#### INDICATOR 2: MEASURES TO REDISTRIBUTE CARE WORK FROM PRIVATE TO PUBLIC PROVISIONING AND ACROSS GENDERS

Provision of childcare infrastructure and services is highlighted as an important strategy to mitigate barriers to active female workforce participation. P1 flags the legal and institutional restrictions, including absence of policies for licensing and regulating childcare service standards, as a priority action. It also highlights incentives to encourage and promote the establishment and use of these services. The programme proposes to address women’s childcare responsibilities by supporting implementation of the Child Daycare Act. This Act aims to provide the basis for regulating childcare services to maintain good standards of care. However, while addressing childcare is very important, care for older people and people with disabilities, and other care responsibilities should also be considered in discussions about the redistribution of care work.

#### INDICATOR 2: P1 SATISFIES MINIMUM REQUIREMENTS FOR REDISTRIBUTION OF CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

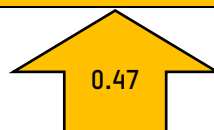


#### INDICATOR 3: MEASURES TO REDUCE CARE WORKLOAD

The poverty and social impact assessment of P1 also acknowledges that the programme may escalate daycare service costs, making it difficult for poor working mothers to benefit from these services. To mitigate this, the programme proposes a financial assistance component for households that are unable to afford childcare or to support childcare providers that serve low-income families. A major limitation is that the daycare centres proposed under P1 are only expected to increase from the current 94 to 154 – a marginal increase of 60 centres. P1 also promises to continue support for the development of the NGO-supported and privately operated daycare market by building capacity to establish and enforce quality standards for the provision of daycare services through DPC3.

### INDICATOR 3: P1 APPROACHING MINIMUM REQUIREMENTS TO REDUCE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



### INDICATOR 4: MEASURES TO REWARD AND PROMOTE DECENT CARE WORK

P1 focuses on creating more jobs for women so they can access paid work opportunities. It also emphasizes quality of jobs, adequate social protection measures and ways to promote and enhance women’s entrepreneurship prospects.<sup>67</sup> It recognizes that a growing number of women now constitute (under)paid caregivers among overseas migrant labour, and that this presents an opportunity for them to shift from domestic health work to higher-skilled caregiving work. P1 thus has a specific focus on support to monitoring of laws related to migrant workers and gender-based violence. However, crucial legal concerns about contractual terms for migrants’ work and protection against exploitation remain unaddressed. Also, specific actions to upskill this segment of women to make the transition into higher-skilled and paid roles are limited.

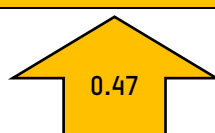
Despite P1’s strong attention to women’s care work and the labour market disadvantages they face, it fails to address human capital development in care occupations – undermining its significance in enhancing women’s participation in higher-skilled, paid and secure occupations. However, it does include a skilling component to provide workers’ training in partnership with private industries, with a 50% target for female trainees. The P1 results framework is limited to targets on development of competency standards by occupation to plan quality training and skilling programmes for the youth.<sup>68</sup> It would have been good to focus on care-work-based competencies that are most relevant to unpaid and underpaid care workers. For example, P1 includes a discussion on the need to reverse overseas migration of unskilled care workers by upgrading their skills and capacities so they are eligible for employment in the formal sector as skilled workers. However, this discussion is not translated into any action area (developing competency standards in care work occupations, skilling or training) that the programme envisages undertaking. There is no specific target on the skilling of caregivers in the education, health or daycare sector.

‘Female workers in low-skill jobs tend to be most vulnerable and routinely face longer working hours, harassment, and lack of access to maternity and family leave. And while women are legally protected from sexual harassment in the workplace, concern over harassment and gender-based violence is among the most commonly cited barriers to labour force participation by low-income women.’

*Voices to Choices: Bangladesh’s Journey Towards Women’s Economic Empowerment, Draft – as quoted in P1 Programme Document, World Bank*

### INDICATOR 4: P1 APPROACHING MINIMUM REQUIREMENTS TO REWARD AND PROMOTE DECENT CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

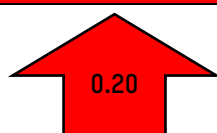


## INDICATOR 5: MEASURES TO REPRESENT CARE WORKERS/ASSOCIATIONS

The reform process envisaged by the programme does not include actions to enable the representation of women’s groups or consortiums, such as the Bangladesh Women’s Chamber of Commerce and Industry or women worker unions, in the stakeholder consultation strategy. Despite a strong analysis and discussion on gender inequality conditions in the labour market, it does not include these groups as important stakeholders. As indicated in the consultation and collaboration section of the P1 Programme Document, representation of civil society organizations in public meetings to discuss policy reforms is mentioned. The programme stakeholder consultation strategy focuses more on the business community as an important interest group. Explicit intervention to ensure adequate representation of the women-owned business community is lacking in the consultation and decision-making forums. Thus, regardless of the strong care work focus in P1, there are no measures to ensure representation and strengthen the agency and voice of women’s groups and women entrepreneurs and care workers in the macroeconomic policy-making and reform process.

### INDICATOR 5: P1 MISSING MINIMUM REQUIREMENTS IN REPRESENTING CARE WORKERS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## CONCLUSION

P1 has immense potential to integrate strategic care-responsive design features that will have a long-standing impact across sectors and on the quality of female workforce participation in unpaid and underpaid care work. It approaches the minimum requirements for care-responsiveness, given its focus on reforms that support the redistribution of childcare work from the unpaid into paid/public provisioning of services.

P1 should also be acknowledged for its efforts in recognizing the importance of the unpaid care work of women, its implications for paid work and initiatives for rewarding and promoting decent care work. However, P1 still falls short of satisfying the minimum requirements in these areas. A critical gap here is the focus on skill building – including for underpaid care workers but with no specific training targets for this, despite the potential.

Most importantly, though, given that it includes legal reforms in the care sector, P1 Missing the minimum requirements to ensure representation of care workers and their associations in the process. As the programme supports implementation of long-delayed regulatory reforms for economic growth, there is a vital need to ensure compliance with minimum social protection requirements and to secure the representation, voice and participation of women’s groups, including industry care workers, in decision making. Policy lending programmes that impact industries and workers should enable the participation of unpaid carers and paid care workers in decision making and ‘invest resources into collecting comprehensive data that can better inform policy making and evaluate the impact of policies on carers. This should be alongside consulting women’s rights actors, feminist economists and civil society experts on care issues, and increased funding for women’s organizations and movements. These measures are important building blocks of national care systems.’<sup>69</sup>

These results show that while the programme did undertake analysis of care work and its implications for women’s economic empowerment, the analysis was limited. It also highlights that

while the intention to be care-inclusive was strong, the translation of this into practice was also limited. The World Bank thus needs to take more concrete steps for ensuring the integration of a care perspective across the project cycle.

## P2: SECOND PHILIPPINES PROMOTING COMPETITIVENESS AND ENHANCING RESILIENCE DEVELOPMENT POLICY LOAN

### CONTEXT

The Philippine economy grew by an average of 6.3% per year for almost a decade, from 2010–2019.<sup>70</sup> This steady economic growth was due to a combination of factors – good macroeconomic planning, a conducive external environment, sustained structural reforms and increased public investments. This was reflected in the reduction of its poverty incidence ratio, which fell from 26.6% in 2006 to 16.6% in 2018.<sup>71</sup>

‘Fostering women’s economic participation warrants improvement as female labour force participation rate remains modest relative to the annual plan targets. Among the top cited reasons for deferring work among women is the assumption of household responsibilities and duties, including childcare. Nonetheless, laws have been recently enacted to further create an inclusive labour market for Filipinos such as the 105-Day Expanded Maternity Leave Act; First Time Job Seekers Act; Telecommuting Act; and the Social Security System Act of 2018.’

Philippines Development Plan (2017–22)

However, this economic growth has not translated to women’s economic empowerment. A study by the National Economic and Development Authority (NEDA) in 2018 reported that female labour force participation in the Philippines had reached a new all-time low, dropping to 46% – the lowest in South-East Asia.<sup>72</sup> The key reasons for this identified by the study are the patriarchal family structure; stereotyped gender roles; religion; the high cost of commuting that reduces take-home pay; and heavy traffic, which lessens time available for family and home care.

With the COVID-19 pandemic stalling economic growth, unemployment has grown and poverty levels are expected to rise again.<sup>73</sup> One-quarter of total employment in the Philippines or 10.9 million workers are likely to face job disruption due to the pandemic, and women account for 38% of these at-risk jobs.<sup>74</sup>

### THE PROGRAMME

The **Second Philippines Promoting Competitiveness and Enhancing Resilience Development Policy Loan – P2**,<sup>75</sup> with a portfolio of \$600m, was envisaged to support institutional and policy reforms initiated by the Government of the Philippines, in line with the Philippine Development Plan 2017–22<sup>76</sup> and COVID-19 recovery policies.<sup>77</sup> The policy loan is the second in a series of three operations that aim to support the government in promoting economic competitiveness and enhancing resilience.

The policy lending supports a basket of reforms with nine objectives<sup>78</sup> and 12 result areas that are expected to reduce poverty and increase incomes in the short and long term. Some critical reforms include digitalization of customs procedures; operationalization of the Rice Liberalization Act;<sup>79</sup> increasing tax revenues to finance implementation of the Universal Health Care (UHC) law;

implementing a disaster risk finance management strategy; expanding communication technology infrastructure; and introducing digital infrastructure for registration of identification systems, etc.

**THE PROGRAMME OF REFORM ACTIONS IS BUILT AROUND TWO PILLARS:**



**OVERALL CARE-RESPONSIVENESS RATING OF P2**

An assessment of P2 for care-responsiveness reveals that it is Missing minimum requirements, with a score of 0.24.

**P2 MISSING MINIMUM REQUIREMENTS OF CARE-RESPONSIVENESS**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
<b>Missing minimum requirements</b>	<b>Approaching minimum requirements</b>	<b>Satisfies minimum requirements</b>



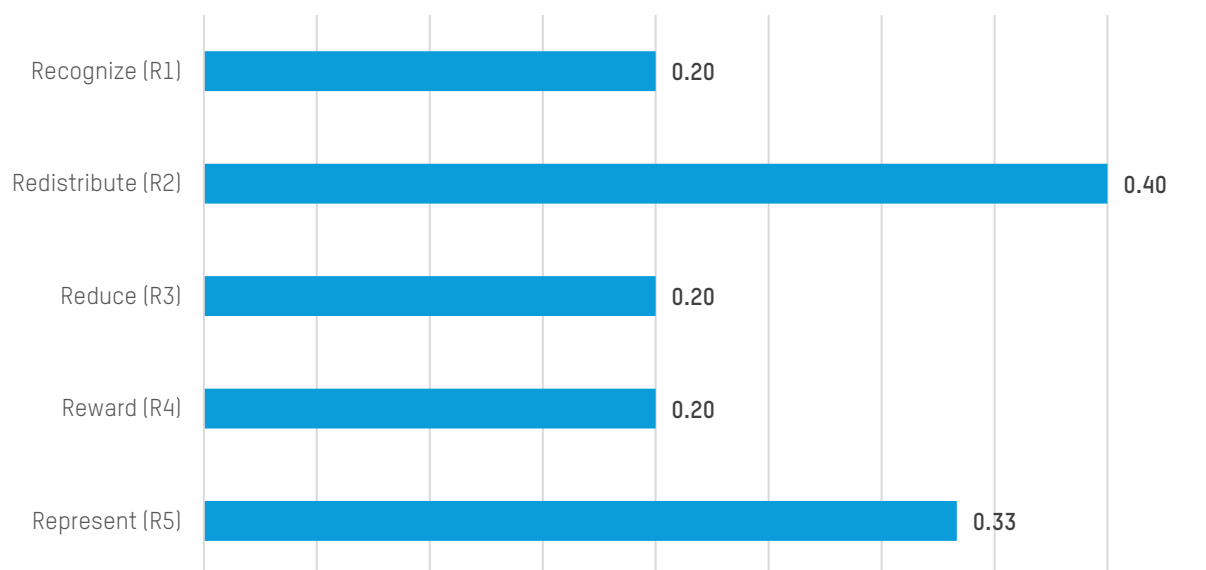
Analysis of care-responsive actions across the project cycle for P2 presented in Table 4 (see Appendix 4 project checklist and Appendix 6 scoring sheet) shows that there was a lack of any care perspective or lens across all stages of the project cycle. The Programme Information Document and the Programme Document both neglected to include a care analysis and, subsequently, measures to address care.

**Table 4: Care-responsiveness scores of P2 across the project cycle**

Project cycle stage	Care-responsiveness score
Project identification	0.20
Project preparation, appraisal, negotiations and approval	0.31
Resource allocation, disbursement, implementation and monitoring	0.26
Completion and evaluation	0.20
Source: Project scoring sheet, Appendix 6	

Care-responsiveness scores for P2 with respect to the outcome indicators measured through the '5R' framework are presented in Figure 9 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

Figure 9: Care-responsiveness scores across the 5Rs – P2



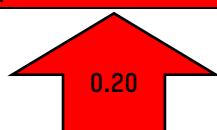
Source: Project scoring sheet, Appendix 6

## INDICATOR 1: MEASURES TO RECOGNIZE CARE WORK IN THE PROJECT ANALYSIS

A review of P2 documents indicates that the analysis carried out to study the potential impacts of the reforms and institutional strengthening presumed that these would be gender neutral in nature. The social assessment does not include reform-based gender and social analysis to identify the impacts on women's workforce participation, time use and care work. For example, the environment and social assessment reflects that some reforms, such as the Rice Regulation Act, may have immediate negative impacts on local rice farmers, which are expected to be offset by the benefits of securing food security for all, especially people in poverty. However, there is no analysis of the impacts on the care economy or even in terms of gender, even though women will be differently impacted both as subsistence rice farmers and as managers of household food resources. The agriculture diversification reform component that aims specifically at rice liberalization is conspicuous due to the lack of data and analysis on women farmers and subsistence labour (given the important role of women farmers in agriculture and allied sectors). The impacts of liberalization and importation of rice are also not referred to.<sup>80</sup>

### INDICATOR 1: P2 MISSING MINIMUM REQUIREMENTS TO RECOGNIZE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## INDICATOR 2: MEASURES TO REDISTRIBUTE CARE WORK FROM PRIVATE TO PUBLIC PROVISIONING AND ACROSS GENDERS

Despite P2 failing to apply a gender and care lens, it does include a key care reform policy through a 'prior action' of the Department of Finance, namely increasing excise duty on e-cigarettes and alcohol to finance the implementation of Universal Health Care (UHC). The Philippines UHC law, although comprehensive in nature, requires adequate resources for implementation. The focus on UHC, especially during the pandemic, is a strong care reform which will help to redistribute healthcare into the public sphere. Increased public spending for healthcare is thus a strong gender and care-responsive measure that P2 promotes.

The reforms supported under P2 aim to expand job creation in all segments of the economy, including the care sector. If implemented, this will have a positive impact on the redistribution of care work, from being unpaid and home-based, to the public and private sphere. It also expects to create opportunities for the growth of women-led enterprises and start-ups.

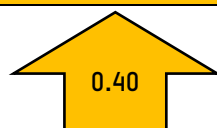
However, the reform process does not provide the necessary linkages between government vocational training programmes and skilling opportunities to create the necessary human capital to meet future workforce demand in potential trades.

'Supporting individuals starting up their own businesses – particularly youth, women and people with disabilities – will require a supportive policy environment from the national and local government. Blended finance or the strategic use of development finance to mobilize additional funding for sustainable development will be tapped. For instance, blended finance that offers "gender lens investing plan" – encouraging investment in activities that positively affect women – will be explored and scaled-up.'

Philippines Development Plan (2017–22)

### INDICATOR 2: P2 APPROACHING MINIMUM REQUIREMENTS FOR REDISTRIBUTION OF CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
<b>Missing minimum requirements</b>	<b>Approaching minimum requirements</b>	<b>Satisfies minimum requirements</b>



## INDICATOR 3: MEASURES TO REDUCE CARE WORKLOAD

The resilience pillar of P2 aims to improve service delivery through a foundational identification and national payments system. This will indirectly impact women's time use, as it could help create a more effective and equitable delivery of social protection services through seamless user identification and payment systems. However, other than this, despite P2 discussing the long-term multiplier effects on job creation, it does not include any specific and targeted measures which will help reduce women's care work. This is despite the fact that the Philippines Development Plan 2017-2022 recognizes the need for such measures to increase women's economic participation.

**INDICATOR 3: P2 MISSING MINIMUM REQUIREMENTS TO REDUCE CARE WORK**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

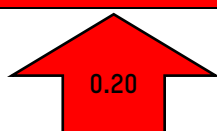
**INDICATOR 4: MEASURES TO REWARD AND PROMOTE DECENT CARE WORK**

Job creation is envisaged as the long-term goal supported by P2. A series of reforms, such as easing the regulatory burden, streamlining permit procedures for business start-ups and simplifying regulations in different sectors, are supported to attract and increase private investments and trade. The policy measures supporting agriculture are expected to make the sector more competitive and diversified. Together, these actions aim to expand job opportunities, increase labour force participation and help create a more skilled workforce in urban and rural areas. However, to be competitive and fair at the same time, these reforms will require a strategy to ensure that the skilled workforce is of a sufficient size and is gender equitable, and that decent work is secured and labour rights are protected. However, the project results framework does not cover these important issues.

Despite the expected direct impact of increased competition in rice production when the sector is liberalized, there is no capacity-building component in P2’s mitigation strategy to enhance the competitive potential and build the economic resilience of women rice farm operators or casual workers to withstand the inevitable competitive pressures.<sup>81</sup> The mitigation mechanism planned to safeguard the interests of rice farmers is to build local market competitiveness through increased production by providing direct cash transfers to 600,000 farmers, along with machinery and equipment, credit assistance, extension services and seed development programmes. However, there is no disaggregated data to assess the incidence of benefit or to draw a conclusive analysis on how effective the mitigation measures will be for women farmers and informal workers. The programme documentation is also silent on social protection and safety nets for labour market led reforms.

**INDICATOR 4: P2 MISSING MINIMUM REQUIREMENTS TO REWARD AND PROMOTE DECENT CARE WORK**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



‘Supporting individuals starting up their own businesses – particularly youth, women and people with disabilities – will require a supportive policy environment from the national and local government. Blended finance or the strategic use of development finance to mobilize additional funding for sustainable development will be tapped. Example, blended finance that offers “gender lens investing plan” – encouraging investment in activities that positively affect women – will be explored and scaled-up.’

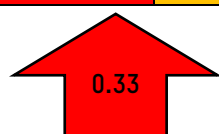
Philippines Development Plan (2017–22)

## INDICATOR 5: MEASURES TO REPRESENT CARE WORKERS/ASSOCIATIONS

Consultations were reportedly organized with diverse stakeholders for the preparation of each policy area. These included the participation of civil society organizations, private sector representatives, academia and government agencies. Women’s trade unions, rights groups, or women farmer cooperatives, however, were not mentioned as partners in the stakeholder strategy. P2 thus falls short on measures to ensure women workers’ and care workers’ representation in consultation or in decision-making processes.

### INDICATOR 5: P2 MISSING MINIMUM REQUIREMENTS IN REPRESENTING CARE WORKERS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## CONCLUSION

P2 has strong gender and care implications and significant potential to impact women’s unpaid care work in a positive way. It will also help to expand women’s paid care work and other paid work opportunities. However, the lack of a care-focused review of these reforms has led to the programme being very low on the care-responsiveness scale.

Given that this is the second phase in a three-phase reform-oriented project, it is recommended that the next phase includes a thorough gender and care review. This should also include data and trends in workforce participation across occupations that will be promoted through these reforms, especially sub-sectors that demand high care worker participation.

Policy reforms should safeguard and ensure legal, economic and labour market policies to protect the rights of care workers and paid workers in the formal and informal sectors, and monitor compliance.<sup>82</sup> Technical assistance should be provided for a study to assess the impacts of rice liberalization reforms on women subsistence farmers, cooperatives and workers in the entire rice-production supply chain (farming, milling and marketing). A systematic skilling approach which ensures quality jobs and is compliant with social protection measures is needed to balance P2’s demand for human capital in new enterprises that should be promoted through these reforms.

## P3: NEPAL FINANCE FOR GROWTH DEVELOPMENT POLICY FINANCING

### CONTEXT

Nepal has seen a significant reduction in poverty over the years, with the proportion of households living in poverty falling from 46% in 1996 to 15% in 2010, and projected at 8% in 2019.<sup>83</sup> Nevertheless, Nepal remains one of the poorest countries in South Asia, with a significant infrastructure deficit and challenges in the financial sector to support private investment and equitable growth.

The COVID-19 pandemic has further worsened the situation, putting about 31.2% of the population that are estimated to live on between \$1.9 and \$3.2 a day at significant risk of falling into extreme poverty. This has been primarily due to reduced remittances, foregone earnings of potential migrants, job losses in the informal sector, and rising prices of essential commodities.

Nepali women – who are heavily dependent on remittances and jobs in the informal sector – will suffer more than men. Already they are faced with stark inequalities in the labour market. The female labour force participation rate in 2017-18 was 26.3% compared to the male rate at 53.8%.<sup>84</sup> The key barriers to women’s participation are unavailability of employment opportunities, lack of quality public services, and women’s unequal share of the care workload.<sup>85</sup> Women in Nepal do a very high proportion of unpaid household care work (88% of females are involved in household chores as compared to 38.5% of men).<sup>86</sup> Women’s unpaid care responsibilities are exacerbated in times of disasters and crisis situations. Female-headed households, who constitute 31.6% of total households in Nepal, are particularly vulnerable.<sup>87</sup>

‘Women respondents reported an increase in the care work time use burden with 69% of women reporting an increase in time spent on child and elderly care; 51% reported an increase in time spent on fetching water and 63% reported an increase in time spent on cooking and cleaning. On the other hand, 68% of women reported a decrease in time spent on paid work and 72% reported a decrease in time spent sleeping and resting.’

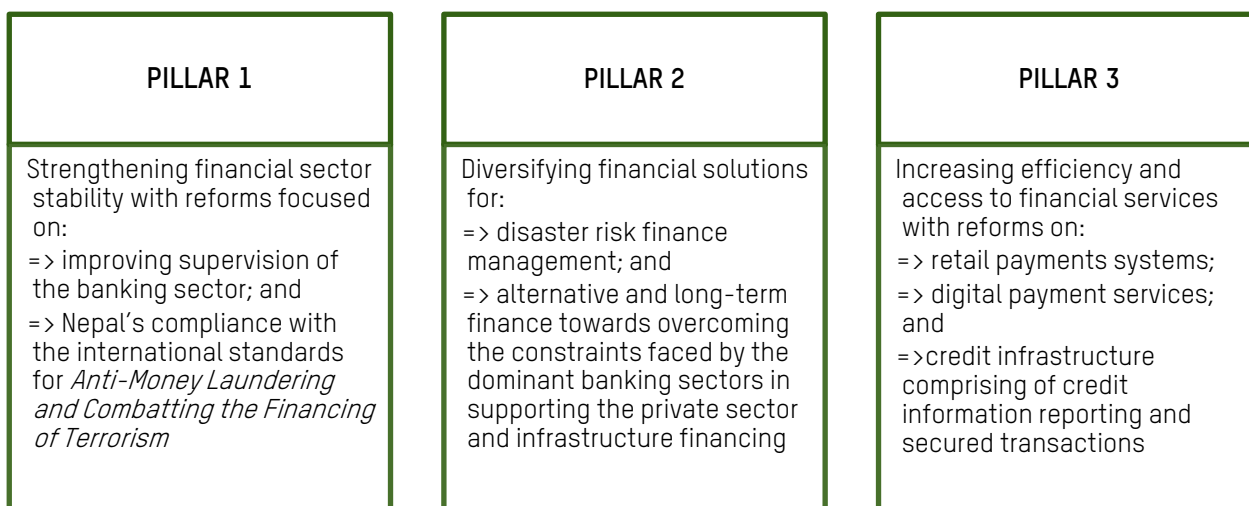
UN Women. (2017). *Nepal Gender Equality and Social Inclusion (GESI) Profile for Humanitarian Action and Disaster Risk Reduction*. Based on a perception survey by UN Women jointly with the Common Feedback Project.

## THE PROGRAMME

The **Nepal Finance for Growth Development Policy Financing – P3**,<sup>88</sup> with a portfolio of \$100m, is the first in a programmatic series of two operations spanning FY 2021-22. P2 aims to support the Government of Nepal (GoN) in its efforts to strengthen financial sector stability, diversify financial solutions, and increase efficiency and access to financial services. The reforms supported through this operation’s ‘prior actions’ are envisaged to potentially unlock sources of private sector investment and foster more inclusive access to the finance needed to end poverty and promote shared prosperity.

The policy lending also seeks to strengthen the financial resilience of the GoN against the impact of the pandemic and increase financial inclusion through the sustainable provision of more diverse, efficient and cost-effective products and services to the households and firms striving to recover from the economic dislocations caused by the COVID-19 crisis. The four target groups include: i) farmers and micro, small and medium enterprises (MSMEs); ii) women; iii) remittance receivers; and iv) irregular earners and dependants.

**THE PROGRAMME OF REFORM ACTIONS IS BUILT AROUND THREE PILLARS:**

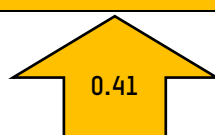


**OVERALL CARE-RESPONSIVENESS RATING OF P3**

An assessment of P3 for care-responsiveness reveals that it is approaching minimum requirements, with a score of 0.41.

**P3 APPROACHES MINIMUM REQUIREMENTS OF CARE-RESPONSIVENESS**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



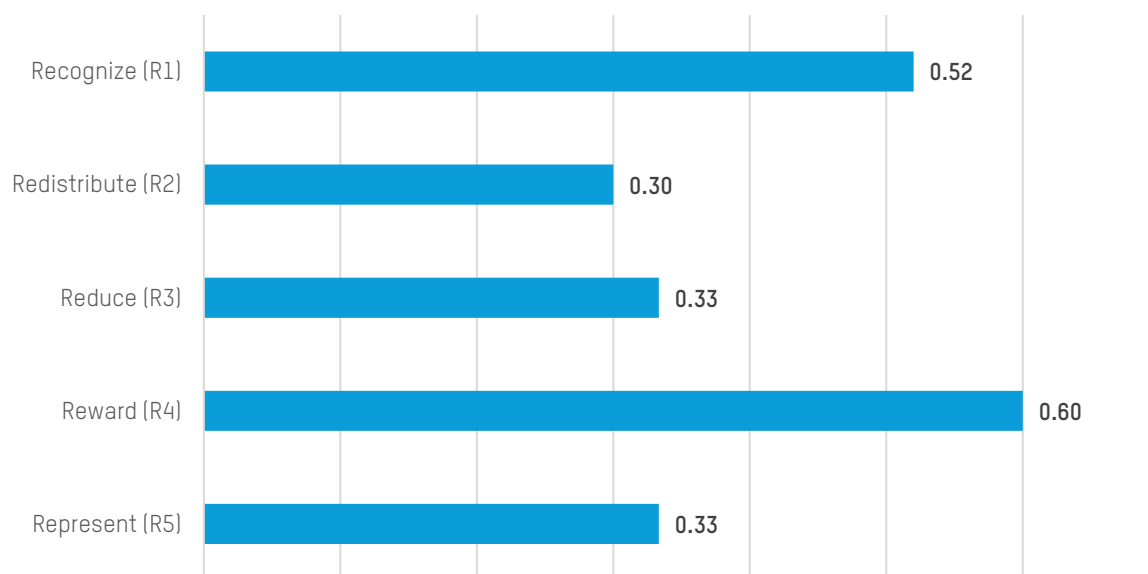
Analysis of care-responsiveness across the project cycle shows that care-responsive actions have been taken in the project identification, preparation, appraisal, negotiation and approval, resource allocation, implementation, monitoring, and evaluation stages. Care-responsiveness scores for P3 with respect to the project cycle are presented in Table 5 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Table 5: Care-responsiveness scores of P3 across the project cycle**

Project cycle stage	Care-responsiveness score
Project identification	0.40
Project preparation, appraisal, negotiations and approval	0.43
Resource allocation, disbursement, implementation and monitoring	0.43
Completion and evaluation	0.40
Source: Project scoring sheet, Appendix 6	

Care-responsiveness scores for P3 with respect to the outcome indicators measured through the ‘5R’ framework are presented in Figure 10 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

Figure 10: Care-responsiveness scores across the 5Rs – P3



Source: Project scoring sheet, Appendix 6

## INDICATOR 1: MEASURES TO RECOGNIZE CARE WORK IN THE PROJECT ANALYSIS

P3 has included a very strong social and gender analysis of the reforms with a detailed and evidence-based assessment, which is sex-disaggregated. Women have been identified as a separate target group as well as ‘cross cutting’ across other identified target groups. P3 has also analysed the gendered pattern in the use of financial services, and the need to address the gender gaps in this area. It also includes a root-cause analysis, highlighting how lack of an established credit history leads to women being underrepresented in the financial market.

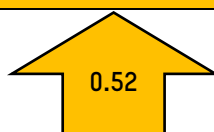
However, despite this in-depth gender analysis and focus, P3 does not adopt a care lens. The documentation fails to comprehend how women’s unpaid care responsibilities are a barrier to participation in financial markets and, most importantly, is silent on the need for financial services for underpaid care workers in the informal sector. It must be mentioned here that P3 does recognize that women are the most common remittance recipients in Nepali households and are thus the most impacted by remittance declines due to the COVID-19 crisis. Remittance receivers and informal workers are among the programme target groups and as such will benefit from the above actions, but the programme does not have a specific focus on these groups. Another good practice in P3 that also needs to be highlighted is its focus on monitoring the programme’s impact on women.

‘Only 42 percent of women had a bank account compared to 50 percent for men according to the 2017 Global FINDEX database, and only 13 percent of women make or receive digital payments versus 20 percent for men... Over the course of this DPC series, further in-depth analysis is planned to deep dive on issues of access to finance and financial services delivery drawing on surveys, administrative data and mixed-method assessments. This will serve to deepen the evidence-based approach of the Nepal Rastra Bank [NRB] to address the gender gap, together with further analysis of the 2020 FINDEX data when it becomes available.’

P3 Programme Document, World Bank

### INDICATOR 1: P3 APPROACHING MINIMUM REQUIREMENTS TO RECOGNIZE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

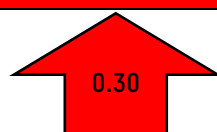


### INDICATOR 2: MEASURES TO REDISTRIBUTE CARE WORK FROM PRIVATE TO PUBLIC PROVISIONING AND ACROSS GENDERS

Despite P3's application of a gender lens, the absence of a care perspective means that the lending operation has not been able to address redistribution of care work. The reform process is mostly silent on the impact of a challenged financial sector on care-related services, and no measures have been planned to promote public or private provision of such services. P3 also does not include any institutional measures or a capacity-building portfolio to increase the sensitivity of the financial sector with regard to the care economy, which is very important if the planned reforms are also to be beneficial to services which address unpaid and paid care work.

### INDICATOR 2: P3 MISSING MINIMUM REQUIREMENTS FOR REDISTRIBUTION OF CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



### INDICATOR 3: MEASURES TO REDUCE CARE WORKLOAD

The reforms supported under P3 aim to improve people's ability to make digital transactions via easy-to-use, safe and efficient innovative payment modes, which can greatly improve financial inclusion, formalize remittances, etc. These measures will definitely have an impact on reducing women's care workload by decreasing the time they spend accessing formal banking services. Given Nepal's mountainous terrain, this will be particularly beneficial for women in isolated communities. The programme also recognizes this, and has higher targets for women among the result indicators for monitoring: (i) individuals using transaction accounts to make electronic payments; and (ii) individuals and firms enrolled with the Credit Information Bureau (CIB).

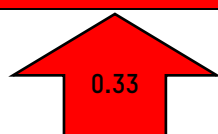
The focus of pillar 3 on disaster risk financing can also serve to reduce gender-related impacts in the aftermath of disaster through the provision of essential services to address the specific needs of women and vulnerable groups. However, while this is reflected in the Programme Document, there are no specific actions planned for this. Improved digital infrastructure will also have positive implications for social protection measures for women – which are critical during disasters and crises such as the COVID-19 pandemic.

'The retail payments reforms will allow the transfer of funds without the need to visit a branch, opening new possibilities for isolated populations. This is particularly important in mountainous areas in western and far western areas of Nepal, where poverty incidence is historically high and access to the nearest bank branch as measured by travel time often exceeds eight hours due to the difficult terrain.'

P3 Programme Document, World Bank

### INDICATOR 3: P3 MISSING MINIMUM REQUIREMENTS TO REDUCE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaches minimum requirements	Satisfies minimum requirements



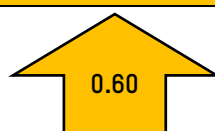
### INDICATOR 4: MEASURES TO REWARD AND PROMOTE DECENT CARE WORK

P3 targets women as well as remittance recipients and informal earners for financial inclusion, and will potentially have a positive gender effect. The inclusion of alternative sources of data in the CIB will especially help to close the access-to-credit gap for women not in the paid formal sector, as they are less likely to have an established credit history. The improved CIB will provide these women with a credit history, making finance more accessible. The supported regulatory measures will also help improve access to finance for women through remittances. Furthermore, P3 supplements the reforms with a financial literacy programme targeted specifically to women.

P3 also supports reform related to regulation explicitly for financial agents, enabling them to provide services to customers on behalf of multiple payment service providers (banks and non-banks). This will benefit financial agents, the majority of whom are women and constrained by restricted mobility and care responsibilities at home, as it will enable them to provide more services within accessible geographical areas.

### INDICATOR 4: P3 APPROACHING MINIMUM REQUIREMENTS TO REWARD AND PROMOTE DECENT CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

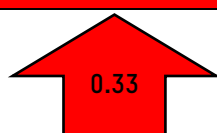


### INDICATOR 5: MEASURES TO REPRESENT CARE WORKERS/ASSOCIATIONS

The reform process envisaged by P3 does not include actions to enable the representation of women's groups or women worker unions in the stakeholder consultation strategy. Despite a strong analysis and discussion of gender inequality conditions in the financial market, it does not include these groups as important stakeholders. As indicated in the consultation and collaboration section of the Programme Document, P3 focuses more on the government, industry stakeholders and academia in the consultation and decision-making forums. Only representation of civil society organizations in public meetings to discuss policy reforms is mentioned.

### INDICATOR 5. P3 MISSING MINIMUM REQUIREMENTS IN REPRESENTING CARE WORKERS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## CONCLUSION

P3 should be acknowledged for its efforts in recognizing the importance of sex-disaggregated and gender analysis, its implications for paid work and its initiatives for rewarding and promoting decent care work. However, it only approaches the minimum requirements for care-responsiveness, given its focus on financial inclusion reforms while not understanding the implications that women's unpaid and underpaid care work has on these. An increased focus on understanding the unpaid care responsibilities of women as remittance recipients, and also those of remittance providers,<sup>89</sup> would have strengthened the programme's efficiency and impacts. Also, when addressing the financial sector challenges and gender gap in access to credit, a more targeted approach for care workers was called for, as they face different challenges in wage earnings and access to social protection measures.

Nevertheless, P3 has done a commendable job of including gender-responsive design features in the programme, which will have a direct impact on women's access to financial services, especially credit. This will also help improve women's participation in paid employment and entrepreneurship in the long term. P3 is a classic example of how gender can be mainstreamed throughout the project cycle, and it is important that a similar care lens is applied in subsequent operations.

### **Box 5: Recommendations for integrating care work in development policy financing**

Development policy financing targets policy and institutional actions related to strengthening public financial management systems and addressing systemic issues in service delivery. This modality requires satisfactory implementation of reform programmes related to policy and institutional actions. The policy aspects of such lending should be guided by the ILO's 5R framework to influence sector policies to recognize, reduce and redistribute 'paid and unpaid care work' and reward and represent care workers, and incentivize care-centric reforms within sectors and in public finance management systems.

#### ***Care-centric public policies and sector reforms***

- Review and assess sector policies from a care economy perspective.
- Ensure that macro policies promote universal public provisioning of quality care services, including social protection measures such as cash transfers, parental leave and pensions.
- Influencing public finance management systems to make them more care responsive.
- Increase investments in sectors that influence paid and unpaid care work, time-saving technologies and basic infrastructure.
- Ensure that budgetary provisions prioritize the interests of frontline service providers in sectors where there is high female workforce participation, who are often disguised as 'volunteers' and do temporary or contractual work without security of tenure and social protection benefits.
- Promote and reform public finance management systems that are able to track and report gender- and care-responsive investment priorities.

#### ***Recognize and address informal and non-standard employment***

- Promote public policies that positively influence labour market reforms and recognize and reward all types of employment and categories of worker, especially those engaged in informal and non-standard employment such as domestic workers, migrant workers, women in the garment industry, agricultural workers and transport workers.

***Strengthen civil society participation and collective bargaining***

- Provide opportunities for representation and collective bargaining for all workers in the care sector.
- Plan initiatives that enhance participation of civil society, women's groups, and care workers/associations in public policies and budget discussions.
- Create platforms to extend collective bargaining rights to workers in non-standard employment and informal work.

Source: Chauhan, D. and Bist Joshi, S. (2021). *Care Principles and Care Responsiveness Barometer: Guidelines and toolkit for international financial institutions (IFIs)*.

# 4 CASE STUDIES ON INVESTMENT PROJECT FINANCING

'Economic inequality is out of control. In 2019, the world's billionaires, only 2,153 people, had more wealth than 4.6 billion people. This great divide is based on a flawed and sexist economic system that values the wealth of the privileged few, mostly men, more than the billions of hours of the most essential work – the unpaid and underpaid care work done primarily by women and girls around the world.'

Coffey, C., et al. (2020). *Time to Care: Unpaid and underpaid care work and the global inequality crisis*.

## INVESTMENT PROJECT FINANCING (IPF) IN THE WORLD BANK

The aim of an investment project financing (IPF) modality is to promote poverty reduction and sustainable development for member countries. IPF tries to achieve this by supporting projects designed to bring about inclusive economic growth, social and environmental sustainability and effective public and private sector development. The modality has a sector-based focus and is mostly preferred for funding projects in infrastructure, human development, agriculture and public administration. It typically supports medium- to long-term activities, which include service delivery, agriculture, community-based development and institution building.<sup>90</sup>

IPF is not merely a lending instrument but can also serve as a vehicle for sustained, global knowledge transfer and technical assistance. This includes support to analytical and design work in the conceptual stages of project preparation, technical support and expertise during implementation, and institution building throughout the project.<sup>91</sup> IPF is also the most important portfolio of the World Bank that enables gender integration. Of the 573 gender-tagged projects between FY 2017 and FY 2019, 478 (83%) were investment projects.<sup>92</sup>

## IPF, COVID-19 AND INTEGRATION OF A CARE PERSPECTIVE

When the COVID-19 pandemic hit, the World Bank began deliberations on new IPF investments for health, human capital development, economic emergency, firm restructuring and debt resolution, and green business growth and job-creation portfolios. As of 1 June 2020, the Bank had approved \$5.9bn just for emergency health support to 104 countries. Of this total, \$3.6bn was under the Health Multiphase Programmatic Approach (MPA), \$62.5m was in standalone projects<sup>93</sup> and \$2.3bn was from restructuring of existing projects.<sup>94</sup> Multiple IPFs followed from there, including for school sector response and economic recovery.

Recognizing that the pandemic is exacerbating important specific risks for women and threatening gains on gender equality, the added urgency of a focus on gender and development for emergency response has been considered. All elements of the WBG response are being designed in a manner sensitive to fragility, conflict and violence (FCV). The crisis response also internalizes gender equality and sustainable growth, in line with the Sustainability Checklist.<sup>95</sup>

The WBG COVID-19 response approach paper also reflects the need for interventions to support child welfare and learning during the pandemic – including the need for nutrition, early childhood stimulation, support to foster home learning, and return-to-school messaging. Additionally, there have been proposals for operations that aim to improve the standards of social care services offered to vulnerable groups – elderly people, people with disabilities (a cross-cutting issue for International Development Association (IDA) 19), homeless people, street children and others.<sup>96</sup>

In light of this increased focus on gender and care, it is important to assess the incorporation of a care perspective in all projects approved in 2020 – a critical COVID response focused year. The review needs to be across all stages of the project cycle – the undertaking of an in-depth care analysis in the project design; the incorporation of care concerns and care workers’ needs in the project objectives and implementation measures; and most importantly, the financing of the measures and tracking of physical and financial progress.

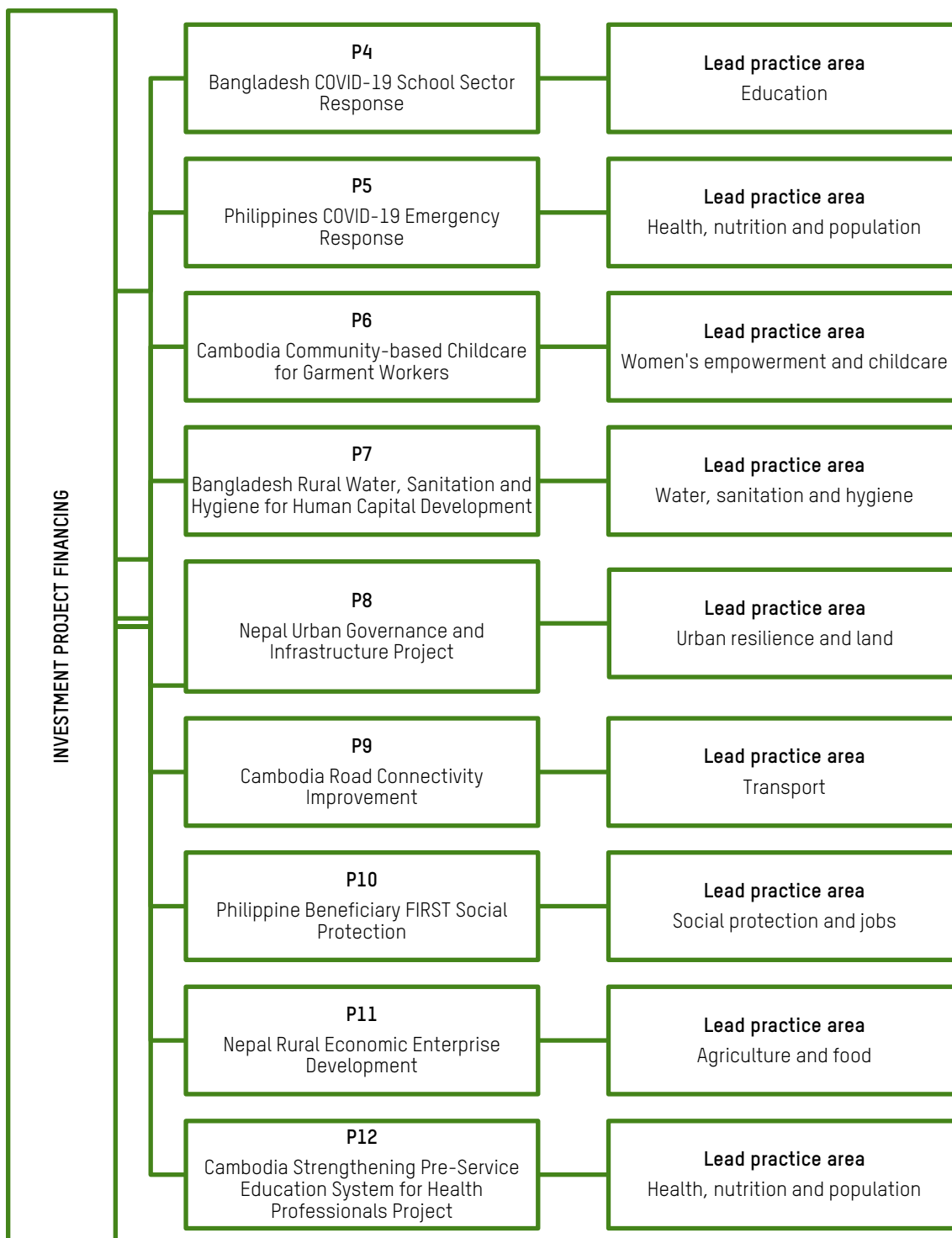
‘The pandemic is exacerbating important specific risks for women and threatening gains on gender equality. With 740 million women globally in informal employment and a majority employed in services, women are particularly hard hit by the crisis. Women often face lost opportunities and reduced financial independence due to school closures and increased unpaid family care; heightened risk of disease exposure due to their role as caregivers and health workers; and due to disruptions in sexual, reproductive, and maternal health services.’

World Bank Group COVID-19 Crisis Response Approach Paper, 2020<sup>97</sup>

## IPF CASE STUDIES

This section reviews the care-responsiveness of nine World Bank projects aimed at COVID-19 emergency response in Bangladesh, Cambodia, Nepal and the Philippines. The selected projects relate to a diverse range of sectors including health, education, childcare, rural water, sanitation and hygiene (WASH), urban governance, roads and connectivity, social protection and cash transfers, enterprise development, and capacity building of care workers (Figure 11).

Figure 11: Investment project financing (IFP) case studies



## P4: BANGLADESH COVID-19 SCHOOL SECTOR RESPONSE

### CONTEXT

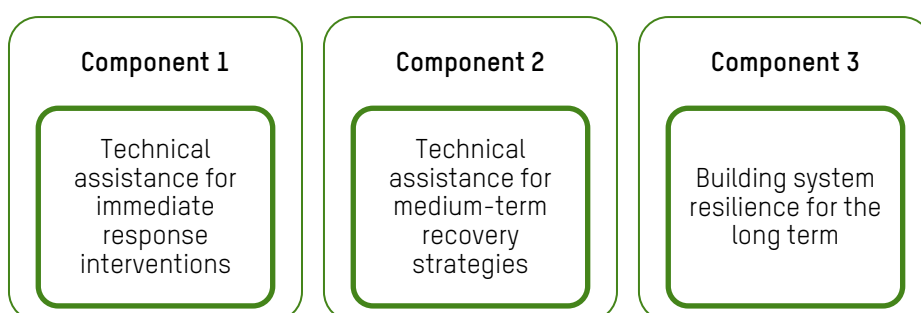
The Government of Bangladesh has prioritized improving equitable outcomes in education. The country faces a serious challenge on access to education, with seven million children out of school.<sup>98</sup> There were already barriers in the sector but these have been exacerbated by the closing

down of all schools and educational institutions to contain the spread of COVID-19 and keep students safe. The Ministry of Primary Mass Education has prepared a response and recovery plan to mitigate the impacts of the pandemic on the education system. The main aim is to address the learning needs gap of out-of-school children through remote learning using electronic media – radio, internet platforms and mobile phones. Given the socio-economic disparities and entrenched inequalities, it is a massive task to provide access to such electronic technology platforms for all and ensure equitable coverage of digital teaching methods. Furthermore, the government is facing resource constraints, both financial and technical, to setting up a comprehensive digital infrastructure and digital literacy programme to roll out countrywide.

## THE PROJECT

The **Bangladesh COVID-19 School Sector Response Project – P4**,<sup>99</sup> with a grant of \$14.80m to the Government of Bangladesh, was planned to strengthen the basic school system’s institutional capacity to respond to and recover from the COVID-19 crisis. Towards this, P4 will develop remote learning resources/content; provide a dissemination plan and technical expertise to operational remote learning platforms (TV, radio, mobile and internet); facilitate communication campaigns; and create a school reopening plan. The reopening plan specifically focuses on sanitation aspects; ensuring maximum re-enrolment at pre-primary and primary levels; and learning loss assessment and recovery activities, including teachers’ professional development. It also aims to build resilience at the pre-primary to secondary levels to face future crises. The project consists of three core components and result areas.

### PROJECT COMPONENTS INCLUDE:

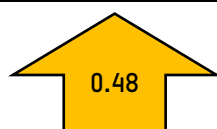


## OVERALL CARE-RESPONSIVENESS RATING OF P4

An assessment of P4 for care-responsiveness reveals that it is approaching minimum requirements, with a score of 0.48.

### P4 APPROACHING MINIMUM REQUIREMENTS OF CARE-RESPONSIVENESS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



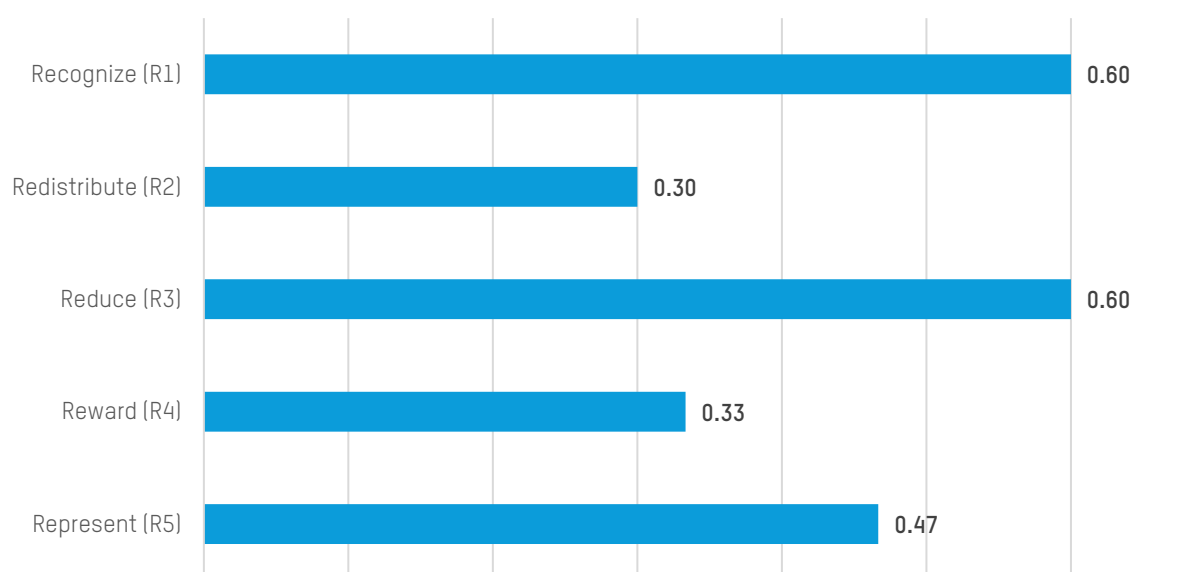
Analysis of care-responsiveness across the project cycle shows that care-responsive actions have been taken in the project identification, preparation, appraisal, negotiation and approval, resource allocation, and implementation and monitoring stages. Care-responsiveness scores for P4 with respect to the project cycle are presented in Table 6 (see Appendix 4 project checklist and Appendix 4 scoring sheet).

**Table 6: Care-responsiveness scores of P4 across the project cycle**

Project cycle stage	Care-responsiveness score
Project identification	0.80
Project preparation, appraisal, negotiations and approval	0.43
Resource allocation, disbursement, implementation and monitoring	0.49
Completion and evaluation	0.20
Source: Project scoring sheet, Appendix 6	

Care-responsiveness scores for P4 with respect to the outcome indicators measured through the '5R' framework are presented in Figure 12 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Figure 12: Care-responsiveness scores across the 5Rs – P4**



Source: Project scoring sheet, Appendix 6

## INDICATOR 1: MEASURES TO RECOGNIZE CARE WORK IN THE PROJECT ANALYSIS

P4 targets the strengthening of a very important care service – pre-primary, primary and junior school education. The project recognizes the impact of COVID-19 and subsequent school closures on students, especially girls, and highlights that children face disadvantages in accessing technology and learning. The project indicators also include the number of children (care recipients) to be targeted, including targets for girl students.

It does not, however, discuss the unequal share of domestic responsibility that girls face and its potential impact on and hindrance to learning from home.

The project recognizes the role of parents as facilitators of home schooling and the additional responsibilities this places on them. It also acknowledges the need to engage with parents as key stakeholders. P4, however, falls short of capturing the gender dimension of home schooling and being responsive to the care dependency of children on their mothers. In the Bangladesh context, it is the mother who takes care of home schooling, increasing her care responsibilities.

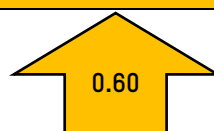
P4 also aims to benefit teachers but does not include data on the education workforce (care workers). It also fails to account for the challenges that teachers face while working from home due to their unpaid care work responsibilities. In addition, while P4 does recognize the role of support staff (predominantly women care providers), it does not adequately analyse their role and the impact of the lockdown on them. The focus is on building digital infrastructure and developing a curriculum, without factoring in the human development of end-users.

‘Targeted and affirmative programmes have been designed and implemented for promoting primary and secondary education, in particular for girls who contributed to significant improvement in school retention with the added benefits of reduced under-age marriage, maternal and child mortality and enhanced women empowerment.’

Bangladesh Seventh Five Year Plan 2016–2020

#### INDICATOR 1: P4 APPROACHING MINIMUM REQUIREMENTS TO RECOGNIZE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

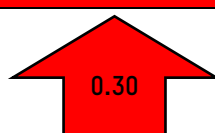


#### INDICATOR 2: MEASURES TO REDISTRIBUTE CARE WORK FROM PRIVATE TO PUBLIC PROVISIONING AND ACROSS GENDERS

P4 does not analyse the impact that the project will have on the care work of women (as mothers and teachers<sup>100</sup>) and girls (as performers of domestic work). There are no action areas that strive to redistribute women’s unpaid care work by sensitizing men to share care responsibilities. However, the focus of P4 on pre-primary and primary education, both of which are core care services, and on school reopening, will have a positive impact on women’s care work. The project’s component 2 of medium-term recovery and component 3 on system resilience building will also have important policy implications for the universalization of school education.

#### INDICATOR 2: P4 MISSING MINIMUM REQUIREMENTS FOR REDISTRIBUTION OF CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaches minimum requirements	Satisfies minimum requirements

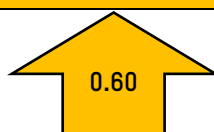


#### INDICATOR 3: MEASURES TO REDUCE CARE WORKLOAD

P4 does not specifically review the unpaid care responsibilities of mothers; however, it recognizes the responsibilities for parents associated with managing home schooling. The project thus includes a toll-free hotline with grade- and subject-based teachers to provide parents with tips to support student learning during school closure. This will not only improve parents’ skills in home schooling but will also save time on self-learning to cope with the children’s curriculum. P4 also allocates dedicated resources to enable parents and teachers (care workers) to manage student physical and mental health issues.

### INDICATOR 3. P4 APPROACHING MINIMUM REQUIREMENTS TO REDUCE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



### INDICATOR 4: MEASURES TO REWARD AND PROMOTE DECENT CARE WORK

P4 does include a special focus on disadvantaged students. The strategy to overcome the learning vulnerabilities they face is to involve the parents, teachers and school staff and ensure that students' learning curve remains unaffected and uninterrupted by the pandemic. However, there is no action area that supports measures to reward and promote paid care work. The challenges facing support staff and other workers in the supply chain affected by the pandemic are not analysed and remain unaddressed. Despite increased vulnerabilities and risks, the project scope does not include social protection measures for those impacted in the education sector supply chain.

The project addresses the fact that there has been disruption to ongoing professional teacher training under component 2, and highlights the impact of the lockdown on teachers' mental wellbeing. It also acknowledges that the reopening phase will add to teachers' workload and require more attention for students who might be impacted by a differential learning curve. The strategy for reopening schools includes a teachers' professional development programme. Training for remote education delivery is also planned, along with the drafting of emergency operation guidelines for future shocks. Training of support staff to be able to cope with the new norms in the reopening phase is not discussed or included.

'Budgetary allocations to the priority social sector programmes in the health and education sectors will be increased to create better human capital through universal general education, skill development programmes, and greater access to improved public healthcare systems. Phased implementation of the recently adopted rational Social Security Strategy of the Government of Bangladesh will provide comprehensive social protection to all poor and vulnerable citizens.'

Bangladesh Seventh Five Year Plan 2016–2020

### INDICATOR 4. P4 MISSING MINIMUM REQUIREMENTS TO REWARD AND PROMOTE DECENT CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



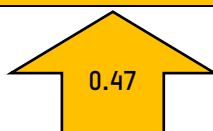
### INDICATOR 5: MEASURES TO REPRESENT CARE WORKERS/ASSOCIATIONS

P4's stakeholder engagement plan focuses on general awareness raising and the need to engage with students and the parents of school-going children. Special attention is planned for vulnerable

groups, especially female students from poor and inaccessible areas and students with disabilities. However, there are no action areas to strengthen the representation and voice of teachers and support staff. Furthermore, P4 does not mention teacher unions as an important stakeholder group.

**INDICATOR 5: P4 APPROACHING MINIMUM REQUIREMENTS IN REPRESENTING CARE WORKERS**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## CONCLUSION

P4 approaches minimum requirements in two indicators – recognizing care work and reducing the care workload. Despite the nature of the sector, with high participation of paid female care workers, P4 fails to adequately recognize women’s unpaid and paid care work and design interventions to redistribute and reward care work. Teachers and communities should have been involved in the school reopening plan as a project action item. The indefinite closure of schools has also impacted paid employment in the private sector, leading to wage and job losses. A special review from a care work perspective is required in light of the disruption to the education sector supply chain and the effect on the livelihoods and social security of workers in it (such as cleaning staff, clerical staff, uniform suppliers, bus operators, food caterers). Teacher unions, an important stakeholder in the sector, should be included in consultations and their representation in project implementation and monitoring should be secured. As the project envisages a long-term recovery and resilience strategy for the education sector, it is imperative that care work issues in the sector are carefully analysed and interventions planned to reduce, redistribute and reward paid and unpaid care work, provide a platform for care workers’ voice and decision making in the sector, and enhance women’s skilling and paid employment. It would have been especially important to focus on rewarding care workers involved in support activities in the education sector.

P4 also Missing the minimum requirements for redistribution of care work. The project would benefit from a strong communication and engagement plan to proactively engage parents in digital literacy and a sensitization strategy on the equal sharing of care work. The project needs to be strongly reviewed from a care lens, with critical evidence gathering to understand the current status of unpaid care workers in the home (mothers), paid care workers (teachers and essential suppliers) and the impact of care work on girls’ education. This would not only enable the project to be more care-responsive but also more efficient, as its success is heavily dependent on addressing these concerns.

## P5: PHILIPPINES COVID-19 EMERGENCY RESPONSE PROJECT

### CONTEXT

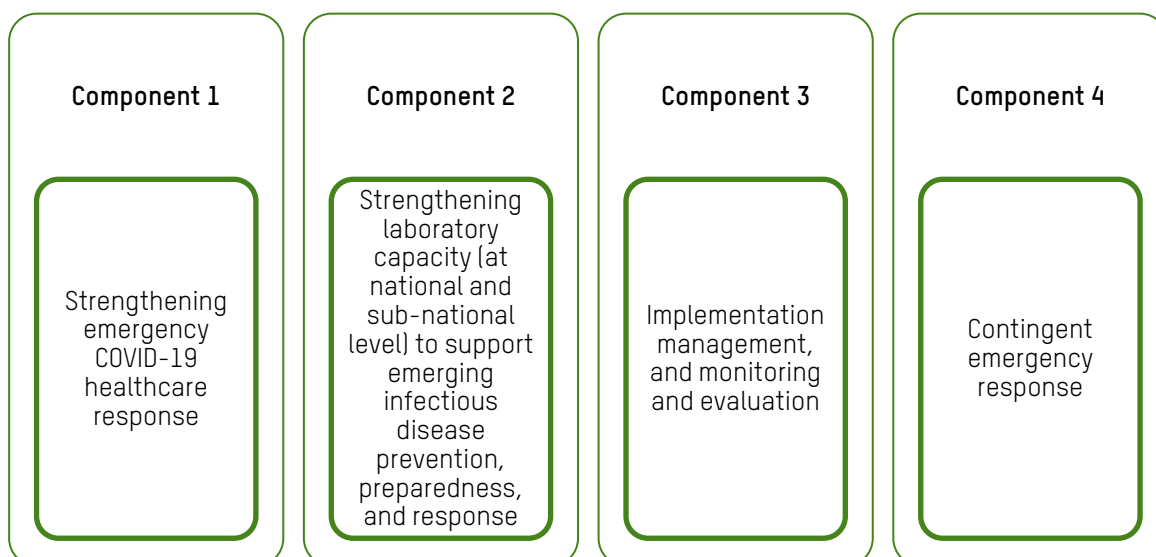
On 16 March 2021, the Government of the Philippines declared a state of calamity as the country moved towards a complete lockdown and imposed enhanced community quarantine. Aggressive measures were taken to mitigate the impact of the pandemic at an early stage. A law, the Bayanihan To Heal As One Act, was passed by congress on 24 March 2020 to better deal with the emerging situation.<sup>101</sup> The COVID-19 pandemic exposed the inadequacy of the national health

system to deal with the growing number of cases. It also revealed that despite a vibrant economy and a comprehensive health strategy, local-level programme implementation is weak. Basic health programmes and related service delivery are also lacking, with low immunization coverage and poor maternal health outcomes.<sup>102</sup>

## THE PROJECT

The **Philippines COVID-19 Emergency Response** – P5,<sup>103</sup> with portfolio of \$100m, was envisaged to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness through four project components. It aims to support the government in strengthening its healthcare response to the COVID-19 pandemic. It will also help with the prevention of infectious diseases, and improve preparedness and capacity to respond at the national and sub-national levels. Project components will support the strengthening of laboratory capacity and provisioning of medical and laboratory equipment and medical supplies. It will also help enhance quarantine facilities. The ultimate aim is to ensure a steady supply of essential healthcare services to respond to the surge in in-patient and out-patient demand as a result of COVID-19.

### PROJECT COMPONENTS INCLUDE:

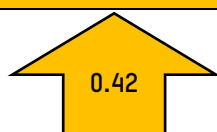


## OVERALL CARE-RESPONSIVENESS RATING OF P5

An assessment of P5 for care-responsiveness reveals that it approaches minimum requirements, with a score of 0.42.

### P5 APPROACHING MINIMUM REQUIREMENTS OF CARE-RESPONSIVENESS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



Analysis of care-responsiveness across the project cycle shows that care-responsive actions have been taken in the project identification stage to integrate care. However, the rest of the stages – preparation, appraisal, negotiation and approval, resource allocation, implementation, monitoring, and evaluation stages – fall short of incorporating a care perspective and taking necessary actions.

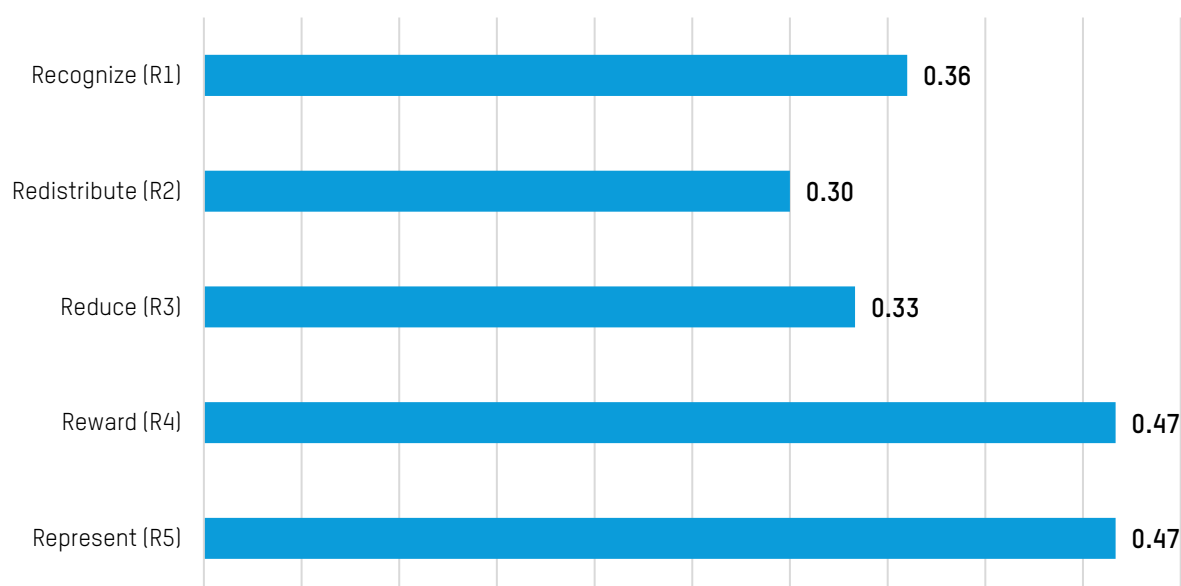
Care-responsiveness scores for P5 with respect to the project cycle are presented in Table 7 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Table 7: Care-responsiveness scores of P5 across the project cycle**

Project cycle stage	Care-responsiveness score
Project identification	0.80
Project preparation, appraisal, negotiations and approval	0.31
Resource allocation, disbursement, implementation and monitoring	0.37
Completion and evaluation	0.20
Source: Project scoring sheet, Appendix 6	

Care-responsiveness scores for P5 with respect to the outcome indicators measured through the '5R' framework are presented in Figure 13 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Figure 13: Care-responsiveness scores across the 5Rs – P5**



Source: Project scoring sheet, Appendix 6

## **INDICATOR 1: MEASURES TO RECOGNIZE CARE WORK IN THE PROJECT ANALYSIS**

With its focus on healthcare, P5 will have a major impact on the care economy. The project will impact underpaid and paid healthcare workers as well as unpaid primary caregivers at home. However, while P5's scope and objectives extend to influencing care work, it falls short of including any form of gender or care work analysis.

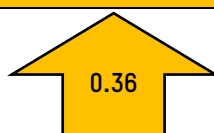
The people the project aims to benefit have been categorized as infected people; at-risk populations, particularly elderly people and people with chronic conditions; medical and emergency personnel; and those working at medical and testing facilities or for public health agencies engaged in the response. P5 does not include any data on healthcare workers, nor does it identify the gender implications of the project in the healthcare sector.

P5's environment and social framework does mention risks concerning sexual exploitation, abuse and violence against women and girls. This is of special concern for health workers and those

isolated in quarantine facilities. The project documentation also recognizes the increased health risks for care workers, but it fails to recognize that these risks will disproportionately affect women as they comprise a major proportion of the healthcare workforce, both in the unpaid and underpaid/paid sectors.

**INDICATOR 1: P5 APPROACHING MINIMUM REQUIREMENTS TO RECOGNIZE CARE WORK**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

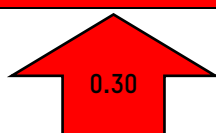


**INDICATOR 2: MEASURES TO REDISTRIBUTE CARE WORK FROM PRIVATE TO PUBLIC PROVISIONING AND ACROSS GENDERS**

P5 does not identify the impact of care work on women and girls. However, the project will have major implications for this, as women will disproportionately bear the responsibility of caring for sick family members if these services are not provided. The project’s support for healthcare brings women’s unpaid work into the public provisioning domain. However, in spite of the potential to redistribute care work, deliberate action areas to do so are lacking.

**INDICATOR 2: P5 MISSING MINIMUM REQUIREMENTS FOR REDISTRIBUTION OF CARE WORK**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

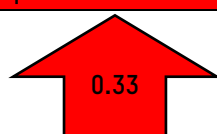


**INDICATOR 3: MEASURES TO REDUCE CARE WORKLOAD**

P5 aims to strengthen the capacity of the healthcare system to prevent, detect and respond to the threat posed by COVID-19. Thus, P5 will indirectly benefit women, given their primary caregiving roles at the household level, and will reduce women’s unpaid care work to some extent. However, the project does not include any specific actions to reduce care work either at home or for healthcare workers.

**INDICATOR 3: P5 MISSING MINIMUM REQUIREMENTS TO REDUCE CARE WORK**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaches minimum requirements	Satisfies minimum requirements



## INDICATOR 4: MEASURES TO REWARD AND PROMOTE DECENT CARE WORK

Strengthening the healthcare response will require a strong synergy with the human resources that manage the healthcare system. However, P5 makes no mention of the measures needed to protect and safeguard health sector staff and sanitation workers. Apart from mentioning the need for more personal protective equipment and some training in the use of equipment, there are no explicit actions to reward or promote decent care work. P5 also does not acknowledge the need for childcare provision for healthcare workers engaged in pandemic duties, given the high demand and long hours of work.

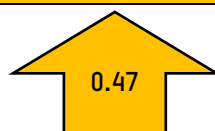
‘Government expenditure on health as a share of GDP is low by global standards, with high out-of-pocket spending on health. The private sector caters to only about 30 percent of the population and is larger than the public healthcare systems. It provides healthcare that is paid through user fees at point of service. About 65 percent of the 1,224 hospitals in the country in 2016 were private.’

Project Information Document, World Bank

P5 discusses the occupational health and safety risks for project workers in its social risk assessment. It also mentions infection risks for vulnerable population groups such as older people, children, households in poverty and people with disabilities. There is a small sub-component to support short trainings on the use of equipment. The trainings are targeted towards health providers and technicians to ensure seamless logistical support to frontline health facilities. Sex-disaggregated targets are not given. Also, there is no mention of special trainings for frontline workers to mitigate occupational risks and hazards, including gender-based violence.

### INDICATOR 4: P5 APPROACHING MINIMUM REQUIREMENTS TO REWARD AND PROMOTE DECENT CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

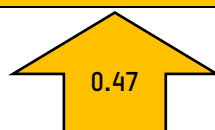


## INDICATOR 5: MEASURES TO REPRESENT CARE WORKERS/ASSOCIATIONS

P5 does not define any explicit action areas to strengthen the representation of care workers in the COVID-19 health response. The project stakeholder engagement and public information disclosure and consultation plan includes ‘women’ as a vulnerable category, but no efforts have been made to engage with them. The stakeholder mapping identifies health facilities and their workers and municipal waste collection and disposal workers as stakeholders in project implementation. Representation of worker unions in these sub-sectors is not included.

### INDICATOR 5. P5 APPROACHING MINIMUM REQUIREMENTS IN REPRESENTING CARE WORKERS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## CONCLUSION

P5 has implicit gender-based advantages as it provides improved healthcare facilities. This will impact positively on women's unpaid care work. However, based on the review of project documents, P5 only approaches minimum requirements for three of the five indicators, and Missing minimum requirements for redistribution and reduction of care work. It does not provide any gender analysis of the impacts of COVID-19. The social analysis does not include any discussion on the large share of female care workers in the health sector, especially field workers and those employed in the private sector. P5 acknowledges exposure to gender-based violence for frontline community workers, but no actions are planned to mitigate the risks. The results framework does not include any gender targets or sex-disaggregated data. The project makes no mention of convergence with the government's social protection provisions related to compensation for public and private healthcare workers impacted by COVID-19 (Republic Act no. 11469, 2020). **P5 essentially aims to strengthen the healthcare delivery and response system without paying attention to the human resources that operate it and keep it on track.**

## P6: CAMBODIA COMMUNITY-BASED CHILDCARE FOR GARMENT FACTORY WORKERS PROJECT

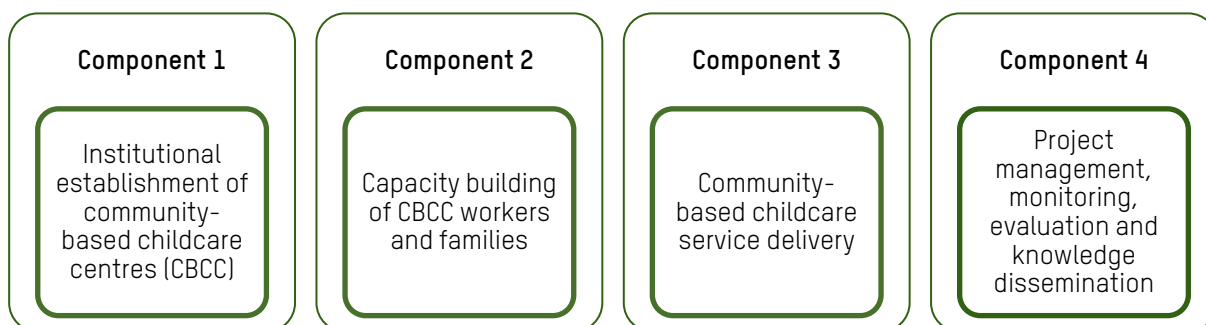
### CONTEXT

The rapid growth of the Cambodian economy has had significant implications for women's paid employment. ILO estimates show that the country has retained the highest female labour force participation (LFP) rate (80%) and the lowest LFP gender gap (10%) in the East Asia and Pacific region. A large number of these working women are employed in the garment sector.<sup>104</sup> While being gainfully employed, garment workers still face many challenges related to transportation and availability of childcare facilities. Although the Cambodian law<sup>105</sup> mandates employer-supported daycare, compliance is a major issue. Most workers avail of childcare facilities by spending almost half of their monthly earnings (\$47-\$105) on informal childcare provided by relatives and friends.<sup>106</sup>

### THE PROJECT

The **Cambodia Community-based Childcare for Garment Factory Workers Project – P6**,<sup>107</sup> with a grant of \$2.7m to Planète Enfants & Développement (PE&D),<sup>108</sup> was planned to establish sustainable community-based childcare services for garment factory workers that improve employment and labour outcomes, increase household consumption and improve child development.

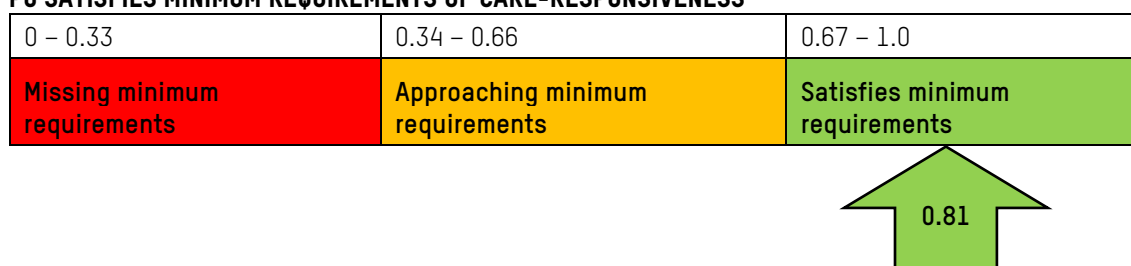
#### PROJECT COMPONENTS INCLUDE:



## OVERALL CARE-RESPONSIVENESS RATING OF P6

An assessment of P6 for care-responsiveness reveals that it satisfies minimum requirements, with a score of 0.81.

### P6 SATISFIES MINIMUM REQUIREMENTS OF CARE-RESPONSIVENESS



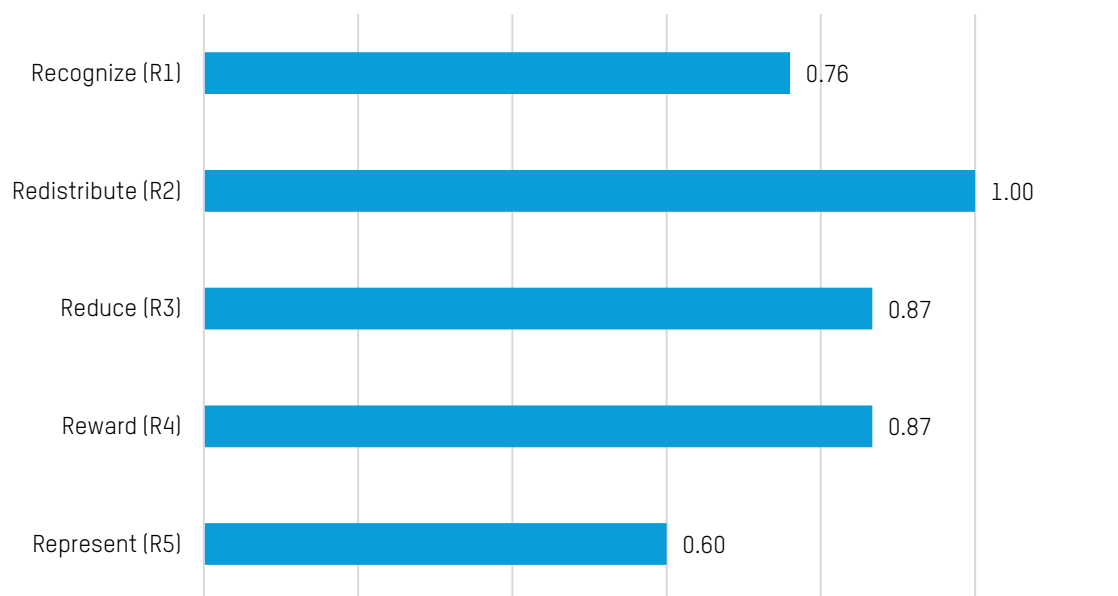
Analysis of care-responsiveness across the project cycle shows that care-responsive actions have been taken in the project identification, preparation, appraisal, negotiation and approval, resource allocation, implementation, monitoring, and evaluation stages. Care-responsiveness scores for P6 with respect to the project cycle are presented in Table 8 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Table 8: Care-responsiveness scores of P6 across the project cycle**

Project cycle stage	Care-responsiveness score
Project identification	1.00
Project preparation, appraisal, negotiations and approval	0.89
Resource allocation, disbursement, implementation and monitoring	0.77
Completion and evaluation	0.60
Source: Project scoring sheet, Appendix 6	

Care-responsiveness scores for P6 with respect to the outcome indicators measured through the '5R' framework are presented in Figure 14 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

Figure 14: Care-responsiveness scores across the 5Rs – P6



Source: Project scoring sheet, Appendix 6

## INDICATOR 1: MEASURES TO RECOGNIZE CARE WORK IN THE PROJECT ANALYSIS

P6 highlights that the ease, cost and availability of care for young children affects mothers' ability to work outside the home and thus their productivity, as they are typically the primary caregivers for children. The project has analysed the situation of childcare facilities in Cambodia through a multi-dimensional lens and provides an in-depth analysis of this.

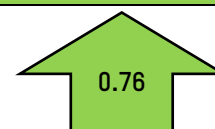
The scope and objectives of P6 focus on childcare services and the inclusion of informal and formal childcare workers as groups intended to benefit from the project.

'In Cambodia, there are no public day care services and very few functional factory day care centers. Private day care services are available and growing in urban areas but are not financially accessible for most garment factory workers. The monthly average cost of private day care in Cambodia is \$100/month for 1 child.'

P6 Programme Information Document, World Bank

### INDICATOR 1: P6 SATISFIES MINIMUM REQUIREMENTS TO RECOGNIZE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## INDICATOR 2: MEASURES TO REDISTRIBUTE CARE WORK FROM PRIVATE TO PUBLIC PROVISIONING AND ACROSS GENDERS

P6 emphasizes the need for public assistance and/or affordable private childcare facilities to create opportunities for more women to enter the workforce. P6 also proposes the establishment of an alternative model of community-based childcare centres (CBCCs) for factories to comply with the labour law regarding provision of childcare facilities to workers. The project will develop legal and institutional mechanisms for factories and parents to contract childcare services from private sector operators that meet and maintain specific quality standards.

P6 also includes parent/family caregiver training to complement quality childcare provision. A training programme for local government representatives will be developed to build their capacity for quality childcare service delivery, including maintaining and improving facilities and standards.

### INDICATOR 2: P6 SATISFIES MINIMUM REQUIREMENTS FOR REDISTRIBUTION OF CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

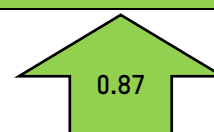


## INDICATOR 3: MEASURES TO REDUCE CARE WORKLOAD

P6 expects to establish 22 community-based childcare centres (CBCCs) in provinces which have a high concentration of factory workers. Providing childcare options will have overall benefits for households in terms of increased incomes, as existing caregivers will no longer have to give up income-earning activities to care for young children. There will be a reduced burden on grandparents/family caregivers, and their time use can be redirected from unpaid care to paid work.

### INDICATOR 3: P6 SATISFIES MINIMUM REQUIREMENTS TO REDUCE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

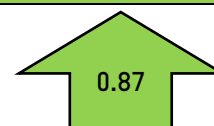


## INDICATOR 4: MEASURES TO REWARD AND PROMOTE DECENT CARE WORK

P6 will also create new opportunities for employment and jobs in the care sector. CBCC managers (who are also caregivers) and caregivers will need to be hired and trained, and will preferably come from the communities themselves. Cleaners, food suppliers and delivery workers will also be needed, bringing new sources of income to community members.

### INDICATOR 4: P6 SATISFIES MINIMUM REQUIREMENTS TO REWARD AND PROMOTE DECENT CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## INDICATOR 5: MEASURES TO REPRESENT CARE WORKERS/ASSOCIATIONS

The P6 development process involved a series of consultations with community groups, factory workers, factory management, brands/buyers, provincial education, health and labour departments, and commune councils and village chiefs.

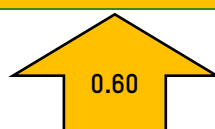
Consultations with key stakeholders are supposed to continue throughout the design process to inform the project. An overall Project Steering Committee (PSC) will be established with various stakeholders, including those listed above as well as NGOs, UN agencies and development partners interested in childcare provision. The PSC will meet once per quarter to assess the performance of the CBCCs and to provide guidance on how to improve the performance and viability of the CBCC model.

'The consultations conducted by the World Bank found that trust is a critical issue for the CBCCs. Families prefer CBCCs to hire people from their communities as a trust-building and accountability measure.'

P6 Programme Information Document, World Bank

### INDICATOR 5: P6 APPROACHING MINIMUM REQUIREMENTS IN REPRESENTING CARE WORKERS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## CONCLUSION

P6 qualifies as a very care-responsive project – satisfying the minimum requirements for care-responsiveness overall as well as for four of the five major indicators. The only gap is in terms of representation of care workers and their associations in the project decision-making process. While the emphasis on community consultations and involvement of key stakeholders is commendable, P6 should establish a stronger relationship with caregiver associations. This will be

particularly important as the project aims to create a pilot which can then be institutionalized into the mainstream childcare public and private systems.

## **P7: BANGLADESH RURAL WATER, SANITATION AND HYGIENE FOR HUMAN CAPITAL DEVELOPMENT PROJECT**

### **CONTEXT**

Gender inequalities in the water and sanitation sector are well researched and documented. Water collection and management roles are performed by women and girls, contributing to their unpaid care workload. Bangladesh is no different, and women spend around an hour daily in the collection of fuelwood and water.<sup>109</sup> The World Bank’s Bangladesh WASH Poverty Diagnostics<sup>110</sup> highlight the gender implications of WASH access, stating that inadequate water and sanitation services lead to an increase in unpaid care work for women. Women’s reproductive roles and existing care work impose additional gender-based disadvantages in this context. An increased need for hygiene and hand-washing to prevent the spread of COVID-19 has placed an even greater load on poor communities, particularly women and girls, for water provisioning. Despite the gendered norms that ascribe women the role of ensuring adequate water and sanitation in households, the WASH supply chain in the public and private spheres mostly employs men (as entrepreneurs, hardware suppliers, technicians and operators).

### **THE PROJECT**

The **Bangladesh Rural Water, Sanitation and Hygiene for Human Capital Development Project – P7**,<sup>111</sup> with an investment portfolio of \$200m, aims to promote WASH services to improve access to ‘safely managed’ water supply and sanitation in select areas of rural Bangladesh, and strengthen institutional capacity for water and sanitation provision. The project consists of three core components and result areas.

#### **PROJECT COMPONENTS INCLUDE:**

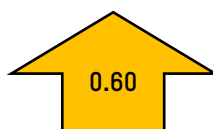


## OVERALL CARE-RESPONSIVENESS RATING OF P7

An assessment of P7 for care-responsiveness reveals that it is approaching minimum requirements, with a score of 0.60.

### P7 APPROACHING MINIMUM REQUIREMENTS OF CARE-RESPONSIVENESS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



Analysis of care-responsiveness across the project cycle shows that care-responsive actions have been taken in the project identification, preparation, appraisal, negotiation and approval stages. However, the project falls short in resource allocation, implementation, monitoring, and evaluation stages. Care-responsiveness scores for P7 with respect to the project cycle are presented in Table 9 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Table 9: Care-responsiveness scores of P7 across the project cycle**

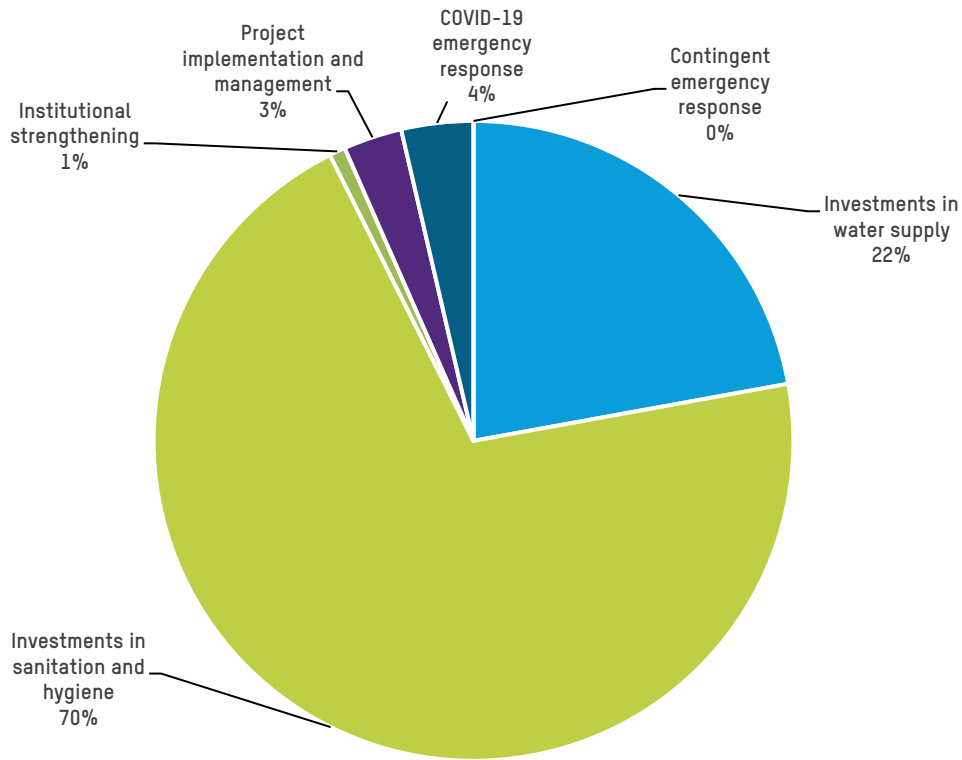
Project cycle stage	Care-responsiveness score
Project identification	1.00
Project preparation, appraisal, negotiations and approval	0.71
Resource allocation, disbursement, implementation and monitoring	0.49
Completion and evaluation	0.20

Source: Project scoring sheet, Appendix 6

### Box 6: Need to back intentions with budget

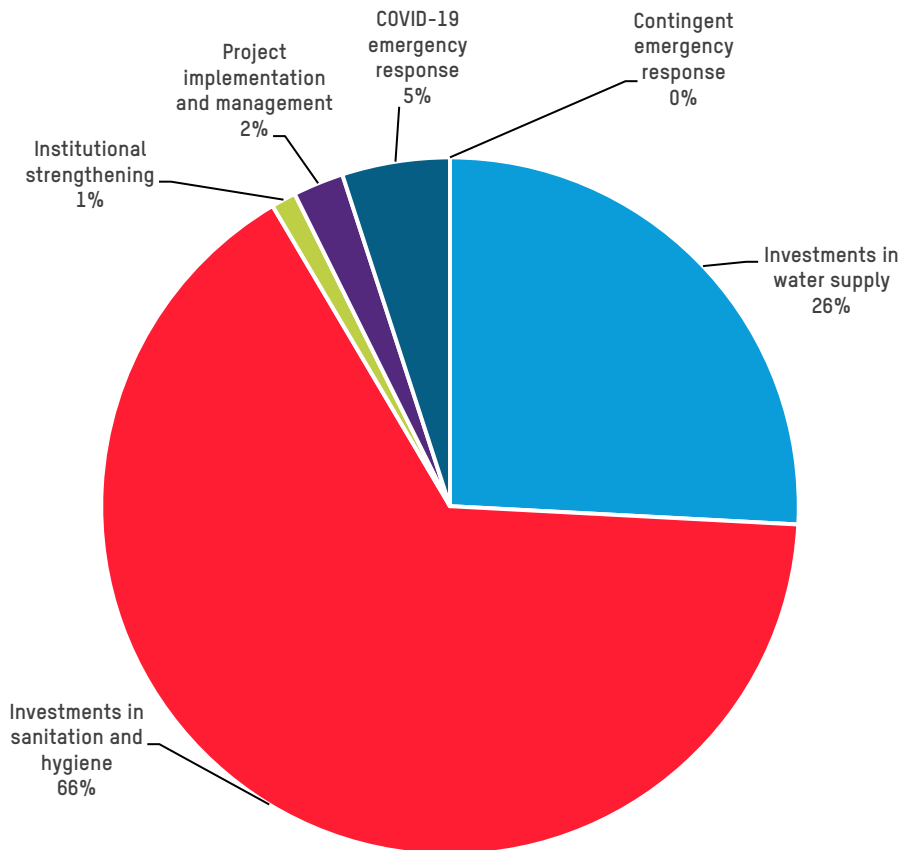
Interestingly, while the project documents have a strong focus on water, handwashing, baby washing and menstrual hygiene concerns, which have high gender implications, analysis of the budgetary allocations shows that water supply related activities constitute only 22% of the budget, with a significant 70% of the total project costs being for sanitation and hygiene (Figure 15). Most of this is targeted at upgrading the existing toilet facilities for safe management of faecal sludge and prioritizes twin-offset pit latrines, although it must be mentioned that the share of water-related investments in World Bank contribution to the project is relatively high, at 26% (Figure 16). Here, again, 59% of the total World Bank share is for household sanitation (loans and grants). Given that Bangladesh has already reduced open defecation to a large extent, this focus on household sanitation shows that the investment is primarily aimed at faecal sludge management rather than reducing the time or drudgery of women's care work.

Figure 15: Breakdown of project costs



Source: Calculated based on project documents.

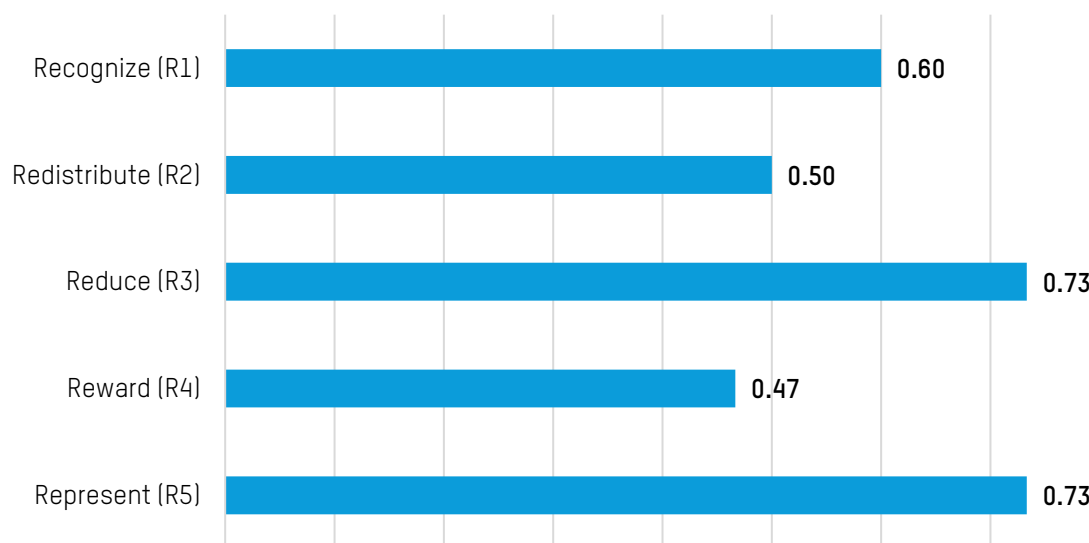
Figure 16: Breakdown of the World Bank's share of the project



Source: Calculated based on project documents.

Care-responsiveness scores for P5 with respect to the outcome indicators measured through the '5R' framework are presented in Figure 17 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

Figure 17: Care-responsiveness scores across the 5Rs – P7



Source: Project scoring sheet, Appendix 6

## INDICATOR 1: MEASURES TO RECOGNIZE CARE WORK IN THE PROJECT ANALYSIS

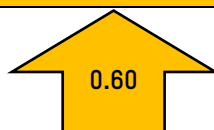
P7 scores well on recognizing care roles and the associated workload for women in water and sanitation. It also recognizes that women and children are the most impacted by inadequate service delivery in the sector. There is strong gender analysis to study care work distribution and the design and infrastructure deficiencies in water and sanitation facilities that are inadequate for women's needs. The study also explores the links between insufficient WASH services, women's reproductive health, and gender-based violence. There is an intent to position women as the primary decision makers on investments related to water and sanitation for the household.

'...the poorest, especially women and girls, feel the greatest burdens of inadequate WASH because of its negative synergies with other life deprivations such as little income, poor access to health services, food insecurity, and low levels of education.'

P7 Project Information Document, World Bank

### INDICATOR 1: P7 APPROACHING MINIMUM REQUIREMENTS TO RECOGNIZE CARE WORK:

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## INDICATOR 2: MEASURES TO REDISTRIBUTE CARE WORK FROM PRIVATE TO PUBLIC PROVISIONING AND ACROSS GENDERS

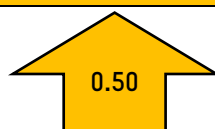
P7 has undertaken a detailed gender review to understand the gender implications of the care work and responsibilities involved in the sector. It does not have any significant direct-action area towards redistributing care work.

P7 does focus on enabling employment options for women, but only through the creation of 150 women entrepreneurs to market and sell sanitary napkins. Women’s entrepreneur options in other WASH areas have not been much highlighted.

Despite its efforts to redefine gender norms, P7 indirectly reinforces stereotypes relating to childcare by implying that home-based care roles, such as bathing children, are women’s responsibility. The project design benefits from engaging women as community managers for awareness raising, but without adequately compensating them for their time.

### INDICATOR 2: P7 APPROACHING MINIMUM REQUIREMENTS FOR REDISTRIBUTION OF CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## INDICATOR 3: MEASURES TO REDUCE CARE WORKLOAD

P7 has a strong focus on technology options to reduce women’s workload. The project directly aims to reduce the time women spend collecting water, with the following considerations:

- Improving access to water at home significantly reduces the burden on women of carting water for hand-washing, bathing, menstrual hygiene management and the flushing of latrines.
- The project places women as the primary decision maker regarding household WASH investments (as women are at home and men are in the marketplace). The provision of a ‘turnkey’ latrine installation service and information sessions within credit groups on WASH loans will enable this paradigm shift.
- The toilet design takes account of female preferences, such as lockable doors and adequate space for menstrual hygiene management.

### INDICATOR 3: P7 SATISFIES MINIMUM REQUIREMENTS TO REDUCE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

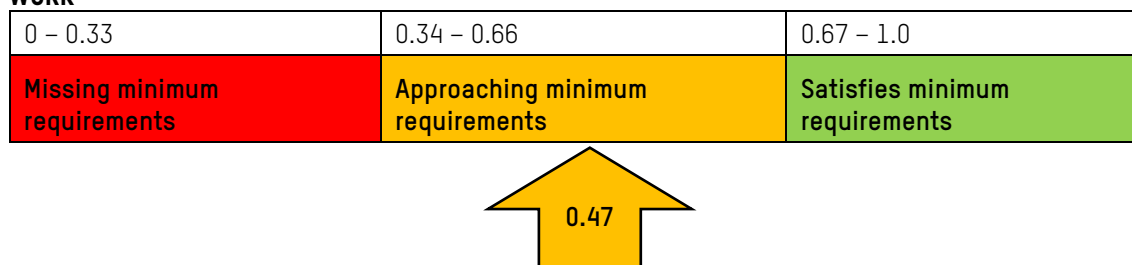


## INDICATOR 4: MEASURES TO REWARD AND PROMOTE DECENT CARE WORK

The stakeholder engagement process highlights the need to create increased local job opportunities and engage more women and people from vulnerable groups. Most of the project cost (90%) is committed towards infrastructure development in water and sanitation, which requires sizeable workforce participation across skill areas in the water supply value chain. However, this opportunity is not leveraged to secure more jobs for women and increase female workforce participation. P7 merely includes an advisory note on equal opportunity and remuneration for women in civil work contracts, in the project’s labour management procedure. P7 also includes a micro-lending component that extends micro-credits to households for water service-related improvements. It also includes loans to local water entrepreneurs for water supply market development.<sup>112</sup> However, there is no gender targeting for this activity, which limits women’s entrepreneurial growth in a male-dominated water supply market. There is a gender-focused activity to extend credit to about 150 women entrepreneurs to sell sanitary napkins. Here, again, women’s entrepreneurial activity is confined to gender norms which are limited to women’s reproductive roles.

P7 does not include a gender and WASH component in its institutional strengthening and capacity-building component. The project includes a training component for community members, especially women, to build their capacities and knowledge to ask relevant questions of water management committees. This is integrated into the microfinance lending credit group sessions. However, the community engagement process Missing out on redefining gender roles, which would lead to the redistribution of unpaid care work in the community. Although the project includes gender-focused activities, such as sanitary napkin marketing for women’s groups, it inadvertently promotes traditional gender norms on trade segregation.<sup>113</sup> The micro-credit component could have included a skilling and entrepreneurial activity in non-traditional trades (in the WASH supply chain) to challenge and redefine gender norms in the sector.

### INDICATOR 4: P7 APPROACHING MINIMUM REQUIREMENTS TO REWARD AND PROMOTE DECENT CARE WORK



## INDICATOR 5: MEASURES TO REPRESENT CARE WORKERS/ASSOCIATIONS

P7 aims to promote women’s representation and leadership in water management committees at the community level. Women will also be encouraged to voice their concerns and ideas regarding WASH services at the water management committee meetings. The project also stipulates a grievance redressal committee in each district, with a female NGO representative working on gender and gender-based violence issues. There are no explicit actions to promote or strengthen the representation of women paid workers (as labours, entrepreneurs and contractors) in the supply chain.

'Women are under-represented in the sector, and WASH-related decision making is often dominated by men. Among the 40 water management groups surveyed in Southwest Bangladesh, women accounted for 17-24 percent of water management group representatives, and no woman held the high-ranking position of president or treasurer.'

P7 Project Document, World Bank

**INDICATOR 5: P7 SATISFIES MINIMUM REQUIREMENTS IN REPRESENTING CARE WORKERS**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



**CONCLUSION**

Given the sector context and gender-based challenges, improved infrastructure and service delivery will, by default, positively impact women’s time use and result in the reduction of unpaid care work for women and girls. It will also accrue benefits in health and education and will contribute to a safe and violence-free environment. The sector will also positively impact women’s paid work opportunities, as improved services will ease women’s time poverty and enable them to enter the labour market. P7 approaches minimum requirements to recognize and redistribute care work and promote decent care work. It satisfies the minimum requirements for reducing care work and strengthening women’s representation in water management committees.

However, P7 fails to address issues related to skilling in the sector and enhancing women’s paid employment. The water supply entrepreneurial component could benefit from a strong gender component, to build women-led enterprises in the sector. Engaging women in minor plumbing repairs is an example of a skilling component that would go a long way in redefining gender roles and norms. Infrastructure projects should integrate a strong capacity-building component on gender. This will help develop institutional capacities in planning and delivering gender and care-responsive projects. It will also enable a sustainable approach to gender mainstreaming in the sector.

Women’s voice and representation in water management committees can also be strengthened through securing their participation at all levels of governance and honing their leadership capacities. Overall, P7 is an excellent example to demonstrate effective care integration in projects that may be perceived as purely infrastructure-based investments.

# P8: NEPAL URBAN GOVERNANCE AND INFRASTRUCTURE PROJECT

## CONTEXT

Nepal is one of the fastest urbanizing countries in South Asia. However, urban areas in Nepal suffer from critical municipal infrastructure deficits, constraining their ability to deliver services to their residents and undermining their ability to tap into their economic growth potential. Nepalese cities and towns suffer from a relative deficiency of urban service networks, and for some key urban services, vital aspects of the overall service delivery chain have never been adequately tackled.

Having adopted a decentralized governance structure, urban local levels (ULLs) are emerging incrementally as autonomous local service delivery institutions. However, the ULLs face crucial institutional and organizational weaknesses as well as financial resource constraints. ULLs need to be strengthened in order to become robust institutions that are able to deliver inclusive services and infrastructure, and capable of providing effective urban management.

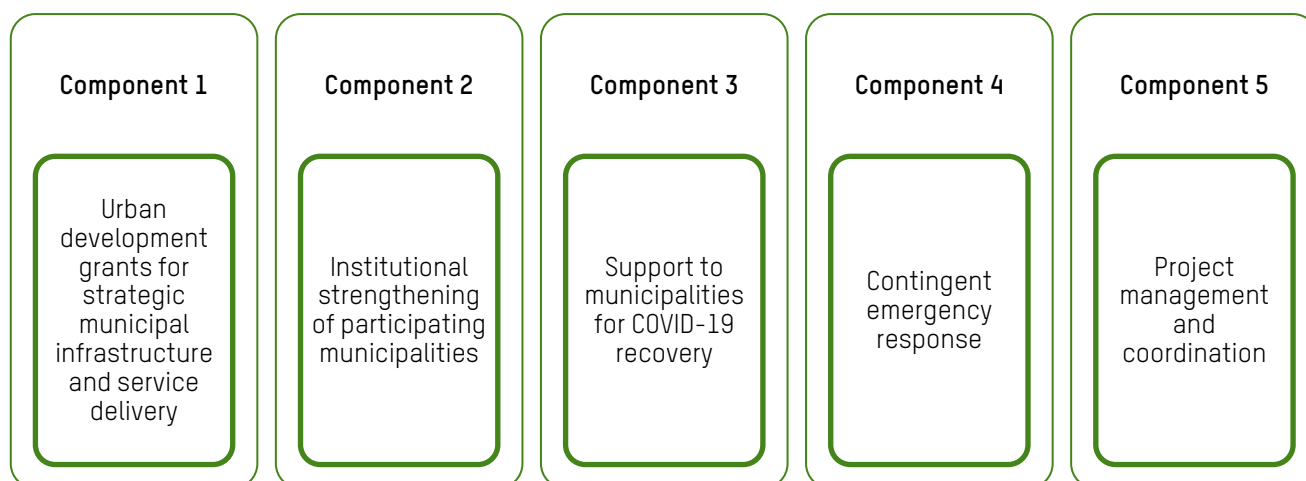
The COVID-19 pandemic has had a significant impact on all local governments in Nepal, but especially in urban settings. ULLs are faced with additional challenges associated with anticipated reduction in fiscal transfers and own-source revenues; limited capacity to continue delivery of basic municipal services; a disproportionate impact of the pandemic on people living in poverty, including those living in informal settlements; and widespread loss of livelihoods for the urban population.

## PROJECT

The **Nepal Urban Governance and Infrastructure Project – P8**,<sup>114</sup> with a grant of \$150m, aims to strengthen the institutional and fiscal capacities of participating ULLs for strategic municipal infrastructure and service delivery. The primary focus is on providing financial support for infrastructure sub-projects<sup>115</sup> for improved living conditions; technical and capacity-building support for core urban management issues; and labour-intensive public works (LIPW) for recovery from COVID-19 economic effects.

The proposed project is also envisaged as a model for federal government to provide sector-focused financial and technical support to ULLs; it can inform the design of future government programmes to scale up this support to all 293 ULLs, not only for urban infrastructure development and service delivery improvements but also for future investments in other sectors.

**PROJECT COMPONENTS INCLUDE:**

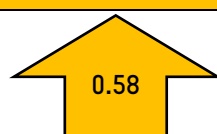


**OVERALL CARE-RESPONSIVENESS RATING OF P8**

An assessment of P8 for care-responsiveness reveals that it is approaching minimum requirements, with a score of 0.58.

**P8 APPROACHES MINIMUM REQUIREMENTS OF CARE-RESPONSIVENESS**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



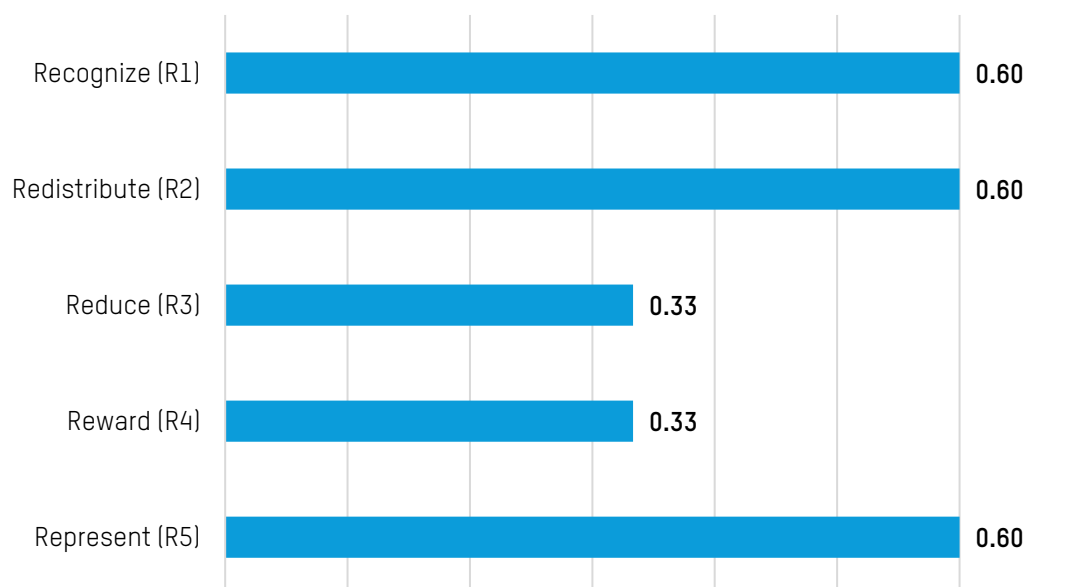
Analysis of care-responsiveness across the project cycle shows that while care-responsive actions have been taken in the project identification stage, there are gaps in project preparation, appraisal, negotiation and approval, resource allocation, implementation, monitoring, and evaluation stages. Care-responsiveness scores for P8 with respect to the project cycle are presented in Table 10 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Table 10: Care-responsiveness scores of P8 across the project cycle**

Project cycle stage	Care-responsiveness score
Project identification	0.80
Project preparation, appraisal, negotiations and approval	0.31
Resource allocation, disbursement, implementation and monitoring	0.60
Completion and evaluation	0.60
Source: Project scoring sheet, Appendix 6	

Care-responsiveness scores for P8 with respect to the outcome indicators measured through the '5R' framework are presented in Figure 18 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

Figure 18: Care-responsiveness scores across the 5Rs – P8



Source: Project scoring sheet, Appendix 6

## INDICATOR 1: MEASURES TO RECOGNIZE CARE WORK IN THE PROJECT ANALYSIS

P8, with its focus on urban living conditions, has strong potential to benefit women’s unpaid care work. The project also identifies women as a key stakeholder, and envisages benefitting 806,000 women through increased access to improved strategic infrastructure and services. P8 has included access parameters – ‘access to basic amenities such as water, transport, education, health etc.’ – as part of its social impact assessment indicators, along with impact on ‘social issues specifically faced by women’.

The project gender assessment elaborates on the constraints facing female elected representatives and the challenges to making their voices heard in the decision-making forums.

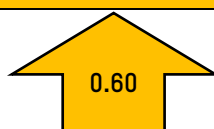
Additionally, the Environment and Social Management Framework (ESMF), while finalizing the Resettlement Policy Framework (RPF), has assessed land ownership patterns for women. However, actions on this area have not been included in the project, and the impact on women’s paid and unpaid work due to land acquisition for infrastructure has not been assessed.

‘About 10% of women have a landowner certificate, in the Eastern and Western Cluster Municipalities, due to government tax incentive policy.’

P8 Project Document, World Bank

### INDICATOR 1: P8 APPROACHING MINIMUM REQUIREMENTS TO RECOGNIZE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



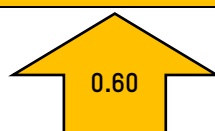
## INDICATOR 2: MEASURES TO REDISTRIBUTE CARE WORK FROM PRIVATE TO PUBLIC PROVISIONING AND ACROSS GENDERS

P8 aims to strengthen the voice and decision-making power of female elected officials and employees in local development planning through mentoring and training programmes. The project will also support anti-discrimination and gender sensitization for all local government officers to accelerate normative change within existing institutions.

P8 also supports the design and implementation of Women’s Empowerment Plans (WEPs) in participating municipalities to increase women’s influence in the planning and budgeting process. The WEPs are envisaged to identify women’s priorities at the local level and make proposals for municipal budget allocations in accordance with those priorities. WEPs are then planned to be integrated into the broader municipal planning process.

### INDICATOR 2: P8 APPROACHING MINIMUM REQUIREMENTS FOR REDISTRIBUTION OF CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

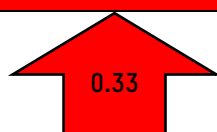


## INDICATOR 3: MEASURES TO REDUCE CARE WORKLOAD

Through its support for provision of drinking water, sanitation and road development services, P8 is expected to reduce women’s unpaid domestic work. However, it is not clear about the budget allocation between sub-projects and whether there would be a focus on those which reduce care work. P8 does not have any other direct action for reduction of care work at the household level.

### INDICATOR 3: P8 MISSING MINIMUM REQUIREMENTS TO REDUCE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## INDICATOR 4: MEASURES TO REWARD AND PROMOTE DECENT CARE WORK

P8 does not directly reward care workers or promote decent work in the care sector. Even though the focus is on municipal services, informal municipal workers – for example, those involved in sanitation and waste disposal – are not even recognized as part of the stakeholder group.

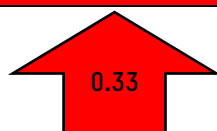
*‘The selection process for labor-intensive public works (LIPW) beneficiaries will have provisions for inclusion of vulnerable groups including the elderly, physically challenged, minorities and disadvantaged groups.’*

P8 Programme Document, World Bank

However, under the LIPW, P8 is expected to provide at least 20,000 individuals with short-term employment. The LIPW sub-projects will be required to have a minimum percentage representation of female workers. P8 also recognizes the risk of sexual exploitation and abuse and sexual harassment during sub-project construction under component 1, due to a possible labour influx into communities. The project will specifically include measures to address this.

**INDICATOR 4: P8 MISSING MINIMUM REQUIREMENTS TO REWARD AND PROMOTE DECENT CARE WORK**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



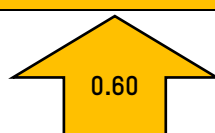
**INDICATOR 5: MEASURES TO REPRESENT CARE WORKERS/ASSOCIATIONS**

Public consultations with various stakeholder groups (including local government units, potentially affected communities, and NGOs) were conducted during the preparation of the ESMF. However, while women’s groups and other vulnerable communities were included as key project stakeholders, P8 is conspicuously silent on the involvement of municipal workers. It is important that care workers and their associations (unions) are also consulted in project planning processes.

The focus on building the capacities of female elected representatives, the development of WEPs and designing of LIPW sub-projects – which are selected based on local priorities and implemented through the involvement of communities, including user committees or representative groups such as women’s groups or disadvantaged groups at the municipal or ward level – strengthens the representation of (unpaid) care workers.

**INDICATOR 5: P8 APPROACHING MINIMUM REQUIREMENTS IN REPRESENTING CARE WORKERS**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



**CONCLUSION**

P8 approaches minimum requirements across three indicators – recognize, redistribute and represent. The nature of the sector, which targets care infrastructure development, and the project’s strong focus on women’s participation in paid employment and decision making, have contributed to this. However, the project Missing minimum requirements on reducing women’s care workload and rewarding care work. P8 needs to be further strengthened from a care lens, with critical evidence gathering to understand the current status of unpaid and underpaid care workers (health, education and other municipal staff). Equipped with a more nuanced understanding of the situation of care work and care workers, the project can then prioritize these as part of the LIWP sub-projects and the WEPs. Overall, P8 has strong potential to impact care work. What is now required is to include a care perspective as part of the gender agenda within the project, to be able to target the root causes of women’s time and income poverty.

# P9: CAMBODIA ROAD CONNECTIVITY IMPROVEMENT PROJECT

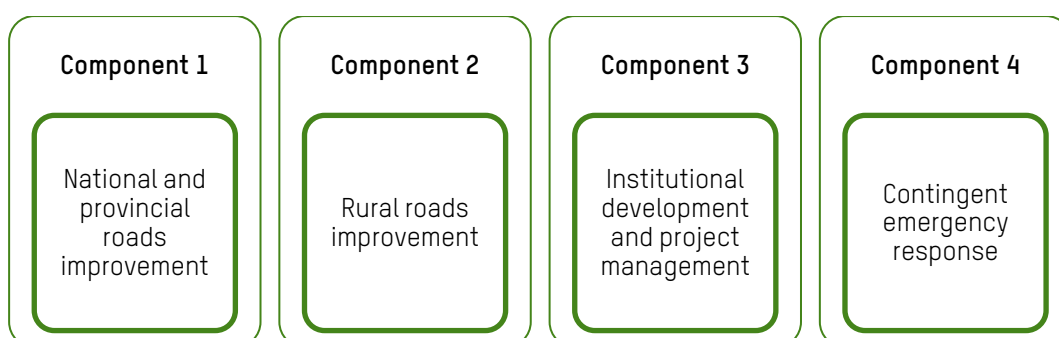
## CONTEXT

Over the past two decades, Cambodia has undergone a significant transition, with high economic growth, reduced poverty, improved human development and an increase in living standards. However, gaps in infrastructure development remain, and given Cambodia’s high vulnerability to climate change impacts and natural disasters, greater connectivity is needed. Limited access to year-round all-weather roads, and the connectivity gap between provincial and rural roads (i.e. the ‘missing middle’) hinder economic progress and job creation. They also negatively affect food value chains and access to health, education and other public services, a problem exacerbated by frequent flooding.

## THE PROJECT

The **Cambodia Road Connectivity Improvement Project – P9**,<sup>116</sup> with a grant of \$100m, aims to improve climate-resilient road access to economic and human development facilities in targeted provinces. The project will be implemented jointly by the Ministry of Public Works and Transport, and the Ministry of Rural Development in Cambodia.

### PROJECT COMPONENTS INCLUDE:

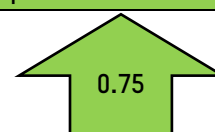


## OVERALL CARE-RESPONSIVENESS RATING OF P9

An assessment of P9 for care-responsiveness reveals that it satisfies minimum requirements, with a score of 0.75.

### P9 SATISFIES MINIMUM REQUIREMENTS OF CARE-RESPONSIVENESS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



Analysis of care-responsiveness across the project cycle shows that care-responsive actions have been taken in the project identification, preparation, appraisal, negotiation and approval, resource allocation, implementation, monitoring, and evaluation stages. Care-responsiveness scores for P9

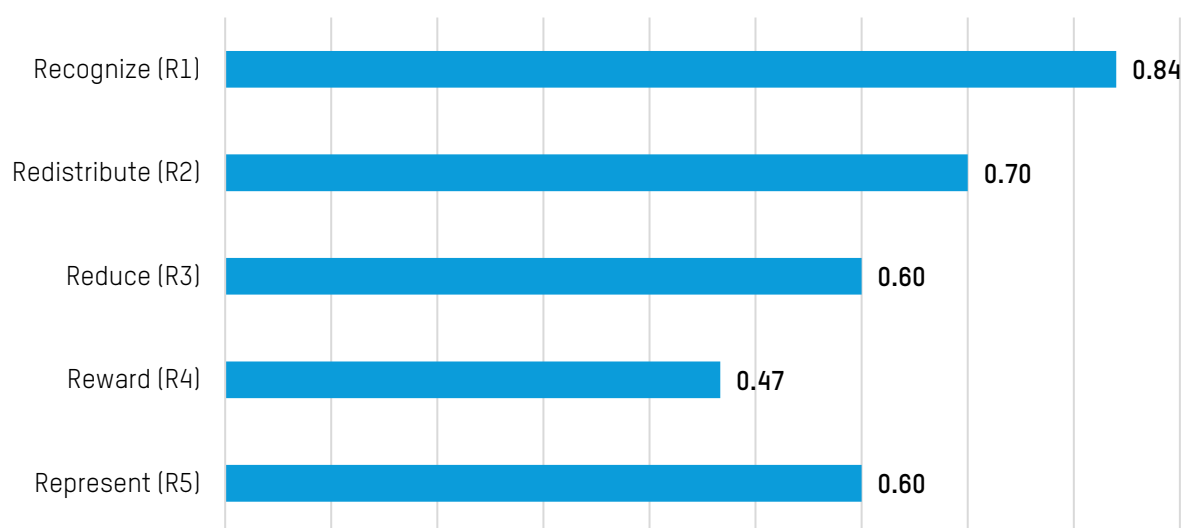
with respect to the project cycle are presented in Table 11 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Table 11: Care-responsiveness scores of P9 across the project cycle**

Project cycle stage	Care-responsiveness score
Project identification	0.80
Project preparation, appraisal, negotiations and approval	0.54
Resource allocation, disbursement, implementation and monitoring	0.66
Completion and evaluation	1.00
Source: Project scoring sheet, Appendix 6	

Care-responsiveness scores for P9 with respect to the outcome indicators measured through the '5R' framework are presented in Figure 19 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Figure 19: Care-responsiveness scores across the 5Rs – P9**



Source: Project scoring sheet, Appendix 6

## INDICATOR 1: MEASURES TO RECOGNIZE CARE WORK IN THE PROJECT ANALYSIS

Transportation and road accessibility challenges are among the main constraints facing women living in rural areas and working in agriculture. P9 includes (and goes beyond) an elaborate people-centric social and gender analysis, with a review of the impact of lack of roads and transport on access to care services, especially health and education. The project also includes an accessibility analysis. However, the baseline analysis of travel time to schools, hospitals and markets in the project area is not sex-disaggregated.

P9 also recognizes the scope of the project to particularly benefit women, recognizing the differences in women's mobility patterns because of their expected role as caregivers and market vendors, and their healthcare and education needs. The project thus understands the need to seek representative and inclusive feedback, and the stakeholder engagement plan aims to establish the role of women and vulnerable groups firmly within the consultation process.

P9 also includes an analysis of the employment of women in the sector – this is an important indicator, given that the project will generate many employment days.

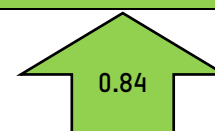
An important practice that P9 has adopted is support for implementation of gender and social impact analysis as part of the consultancy services for the design of rural roads; this includes developing survey instruments and collecting gender-disaggregated data to measure improved accessibility and livelihood opportunities derived from the project. This survey is planned to be repeated at project completion to assess the project’s impact on the rural population in the project area, including women and female-headed households.

‘The accessibility analysis indicates that only 55 percent of the rural population in project provinces can reach high schools and 32 percent can reach referral hospitals and emergency services in 30 minutes time. Floods and heavy rains severely disrupt accessibility in the project area with more than 26 percent of the population losing access to schools and 27 percent to referral hospitals.’

P9 Programme Document, World Bank

**INDICATOR 1: P9 SATISFIES MINIMUM REQUIREMENTS TO RECOGNIZE CARE WORK**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



**INDICATOR 2: MEASURES TO REDISTRIBUTE CARE WORK FROM PRIVATE TO PUBLIC PROVISIONING AND ACROSS GENDERS**

The project analysis considers its potential impact on access to care services, especially for women and children. The scope has been designed to incorporate the need for access to public care services, which is commendable. The proposed project enables this by prioritizing the most critical sections of rural roads that would enhance users’ resilience and enable them to maintain the same levels of accessibility to critical facilities (schools, hospitals and markets) in the event of flood disruption.

Another significant measure that would support the redistribution of care work from private to public provisioning is the building of gender-sensitization and capacity-building approaches as part of the institutional capacity-building component of the project. P9 will provide technical assistance and capacity building to support with updating and implementing the Gender Mainstreaming Action Plan (GMAP) to the Ministry of Public Works and Transport (MPWT); the project will also facilitate a study on transportation services in rural areas. The proposed project will include budget to support the MPWT and Ministry of Rural Development (MRD) to enhance their capacity and provide demand-driven support, including consultancy services and training, for the updating, implementation and monitoring of the GMAP.

**INDICATOR 2: P9 SATISFIES MINIMUM REQUIREMENTS FOR REDISTRIBUTION OF CARE WORK**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

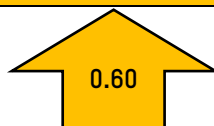


## INDICATOR 3: MEASURES TO REDUCE CARE WORKLOAD

P9 also aims to reduce travel time to reach care facilities – schools and hospitals – which will have a high impact on the unpaid and (under)paid care work of women. As primary caregivers, women are generally tasked with taking children to schools and medical facilities, etc. Also, a majority of paid workers in the care sector (nurses, teachers, etc.) are women, who have to travel to their workplace almost on a daily basis. A shorter travel time to care facilities will benefit all women eventually.

### INDICATOR 3: P9 APPROACHING MINIMUM REQUIREMENTS TO REDUCE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## INDICATOR 4: MEASURES TO REWARD AND PROMOTE DECENT CARE WORK

P9 analysed that across all sectors, growth in employment in the construction sector has been the lowest for women, and women are underrepresented in road building and improvement works.

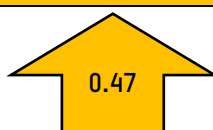
‘The road improvement works through Output and Performance-based Road Contract [OPBRC] create long-term paid job opportunities and additional incentives for local women in the project area. The OPBRC bidding documents will explicitly request non-discrimination in the recruitment of qualified applicants, equal pay for equal work at all levels for men and women, and measures on protection from GBV and harassment in the workplace. The Results Framework sets a minimum target on share of employment of women in OPBRC based on the experience from ongoing projects.’

P9 Programme Document, World Bank

To address this, the project has set targets for employment of women in roadworks. Road investments implemented through P9 will offer long-term opportunities to women in road improvement and maintenance. P9 also plans to encourage contractors to employ and train women, providing job opportunities for women from local communities, particularly those living in poverty. During project implementation, special attention will need to be paid to monitoring and enforcing compliance with ESS2 (Labour and Working Conditions).

### INDICATOR 4: P9 APPROACHING MINIMUM REQUIREMENTS TO REWARD AND PROMOTE DECENT CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaches minimum requirements	Satisfies minimum requirements



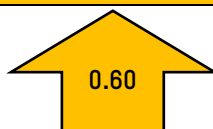
## INDICATOR 5: MEASURES TO REPRESENT CARE WORKERS/ASSOCIATIONS

P9 envisages that consultations with local communities and stakeholders will continue throughout project implementation to ensure that community members, including women and youth, are adequately informed and their needs are addressed. Care workers, especially teachers, were included in project consultations. Grievances arising from project activities are also recorded, with sex-disaggregated data.

However, in spite of this understanding of the project’s gender implications, P9 does not engage specifically with care worker unions and associations. This would have been useful, as unions of teachers and nurses would have been able to bring a more macro-level perspective to the project design and to help ensure that the road employment targets are being met.

### INDICATOR 5: P9 APPROACHING MINIMUM REQUIREMENTS IN REPRESENTING CARE WORKERS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## CONCLUSION

Despite being a hardcore infrastructure project, P9 has been able to satisfy minimum requirements of care-responsiveness overall and for two major indicators – recognize and redistribute. This highlights the need for integration of a care perspective across the project cycle for all projects, irrespective of the sector or objectives. The proactive measures in P9 would have further been strengthened if – along with gender and human development – a focused review with a care lens had been undertaken. This could have led the project to further consider other needs related to care work, such as access to childcare facilities. Overall, P9 has been designed in a care-responsive manner; it is now important to focus on continued care sensitivity in its implementation so that the desired results can be achieved.

# P10: PHILIPPINES BENEFICIARY FIRST SOCIAL PROTECTION PROJECT

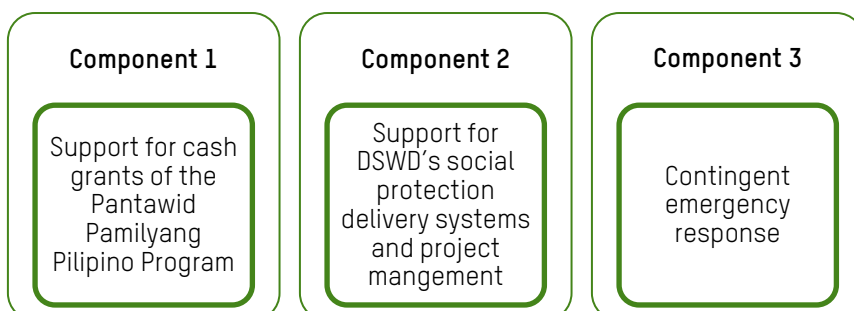
## CONTEXT

Over the last decade, the Philippines has made notable strides in reducing poverty: it decreased from 26.6% in 2006 to 16.6% in 2018, indicating robust and sustained economic growth.<sup>117</sup> The COVID-19 pandemic resulted in an economic meltdown, adversely impacting this progress. Unemployment skyrocketed to 17.7% as early as April 2020, rendering 7.3 million people jobless.<sup>118</sup> The number of people requiring social assistance programmes thus increased exponentially. Labour market trends after reopening have challenged the government’s efforts to achieve its vision of *Ambisyon Natin 2040*<sup>119</sup> – becoming a prosperous, middle-income country, free of poverty.

## THE PROJECT

The **Philippines Beneficiary FIRST Social Protection Project** – P10,<sup>120</sup> with a portfolio of \$600m, was envisaged to mitigate the adverse impacts of COVID-19 on low-income households and strengthen the government’s social protection delivery systems to be adaptive and efficient. P10 includes three components — to support cash grants under the *Pantawid Pamilyang Pilipino Program* (Pantawid Programme) implemented by the Department of Social Welfare and Development (DSWD), strengthen social delivery systems, and a contingent emergency response component.<sup>121</sup>

### PROJECT COMPONENTS INCLUDE:

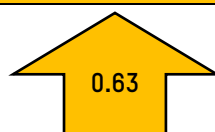


## OVERALL CARE-RESPONSIVENESS RATING OF P10

An assessment of P10 for care-responsiveness reveals that it is approaching minimum requirements, with a score of 0.63.

### P10 APPROACHES MINIMUM REQUIREMENTS OF CARE-RESPONSIVENESS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



Analysis of care-responsiveness across the project cycle shows that care-responsive actions have been taken in the project identification, preparation, appraisal, negotiation and approval, resource allocation, implementation, monitoring, and evaluation stages. Care-responsiveness scores for P10

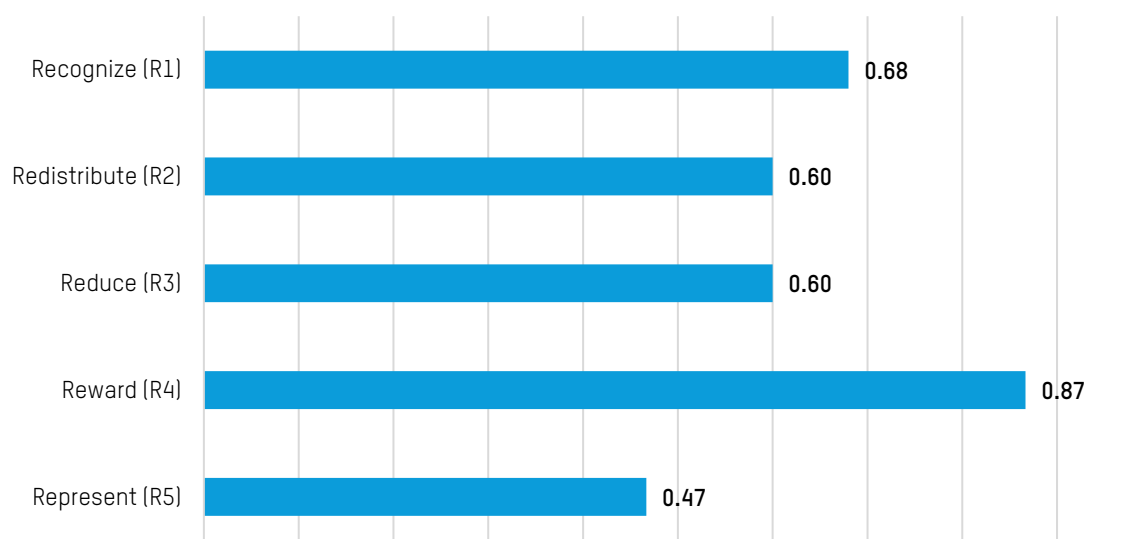
with respect to the project cycle are presented in Table 12 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Table 12: Care-responsiveness scores of P10 across the project cycle**

Project cycle stage	Care-responsiveness score
Project identification	0.80
Project preparation, appraisal, negotiations and approval	0.71
Resource allocation, disbursement, implementation and monitoring	0.60
Completion and evaluation	0.40
Source: Project scoring sheet, Appendix 6	

Care-responsiveness scores for P10 with respect to the outcome indicators measured through the '5R' framework are presented in Figure 20 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Figure 20: Care-responsiveness scores across the 5Rs – P10**



Source: Project scoring sheet, Appendix 6

## INDICATOR 1: MEASURES TO RECOGNIZE CARE WORK IN THE PROJECT ANALYSIS

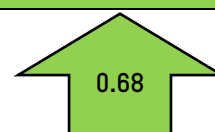
To mitigate the socio-economic impact of the pandemic, a social amelioration protection package was announced with emergency subsidies, covering 70% of the total population (18 million people). The target also included 8 million workers in the informal sector and vulnerable people who were not part of any existing social protection programmes. This is in addition to the 10 million grantees of social assistance from the DSWD. The Pantawid Programme made a conscious effort to include female-headed households as grantees. As a result, the majority of people to benefit from the programme were female, at 86%.

'Also, despite the high female share in Pantawid Programme, with the outdated social registry and lack of new beneficiary enrolment, potential exclusion of pregnant women and mothers with young children from the programme remains a significant risk. This clearly suggests that vulnerable women tend to face constraints to accessing social assistance programmes when the programme does not make conscious efforts to empower women and ensure their access to benefits.'

Project Appraisal Document, World Bank

**INDICATOR 1: P10 SATISFIES MINIMUM REQUIREMENTS TO RECOGNIZE CARE WORK**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

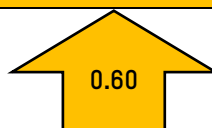


**INDICATOR 2: MEASURES TO REDISTRIBUTE CARE WORK FROM PRIVATE TO PUBLIC PROVISIONING AND ACROSS GENDERS**

The gender analysis feeds into the project design to ensure an inclusive and care-centred approach in identification of target groups, and affirmative actions to mitigate exclusion risks and ensure equitable access to social assistance programmes and benefits. The project proposes to achieve this by reducing gender gaps in access to identification documents and financial services. P10 was also designed to support targeted social mobilization and awareness, and enhance female representation in the Pantawid cash transfer programme.

**INDICATOR 2: P10 APPROACHING MINIMUM REQUIREMENTS FOR REDISTRIBUTION OF CARE WORK**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

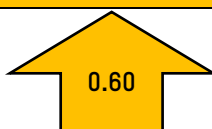


**INDICATOR 3: MEASURES TO REDUCE CARE WORKLOAD**

The project results framework uses baselines and targets based on sex-disaggregated data. Of the women supported by the project, 95% were targeted to receive grants and benefits through transaction accounts. P10 also recognizes women's time poverty and aims to reduce their average waiting and travel time for getting the cash assistance from 121 minutes (baseline) to 40 minutes.

**INDICATOR 3: P10 APPROACHING MINIMUM REQUIREMENTS TO REDUCE CARE WORK**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## INDICATOR 4: MEASURES TO REWARD AND PROMOTE DECENT CARE WORK

To achieve improved wellbeing, P10's design and vision includes a seven-year modular social case management strategy. One of the activities under the strategy is to strengthen occupational health and safety and to improve the safety of the programme workforce. Vulnerable categories of workers, particularly those who are not eligible for income support despite experiencing hardships during the pandemic, are identified as other interested parties in the project stakeholder engagement plan. They include unemployed, overseas, home-based and domestic workers, including healthcare workers. P10 also addresses time-saving through effective implementation, indirectly impacting women's time use and quality of life. The project satisfies minimum requirements to reward and promote decent care work.

P10 plans to support information campaigns among target households. This is to enhance awareness of the registration requirements to gain social assistance, especially among female heads of households. Activities to boost financial literacy and awareness are planned to reduce the gender gaps in this area. Together, it is expected that these activities will enhance financial literacy. As part of the 'enhanced Pantawid' strategy, P10 plans to initiate a pilot for pregnant women and mothers of children under the age of five to increase investment in human capital.

'The restrictive labour regulations may discourage employers from hiring workers on long-term regular contracts. Among workers employed by private firms, only 44 percent report that they are enrolled in the social security system, a mark of long-term regular employment. The remainder are employed informally or on short-term "endo" contracts without benefits and job protection.'

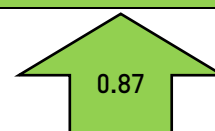
WB6. (2019). *Systematic Country Diagnostic of the Philippines: Realizing the Filipino Dream for 2040*.

The project also aims to improve targeting of the Pantawid Programme by assessing/reassessing the socio-economic status of recipients. P10 will specifically focus on young mothers with children aged 0 to 5 years, who have a higher share of unpaid care work in the Philippines.

Despite a strong gender analysis and care-responsive design elements, P10 fails to include a focus on vulnerable care workers, especially home-based and domestic workers and healthcare workers. P10 also fails to address human capital issues in the delivery of services. For instance, no direct action is planned towards skilling of the workforce (frontline community workers), including community and health workers engaged to ensure the effective delivery of the Pantawid Programme. The project stakeholder plan does include delivering trainings to grievance redressal officers on how to better manage gender-based violence cases and handle inquiries and complaints.

### INDICATOR 4: P10 SATISFIES MINIMUM REQUIREMENTS TO REWARD AND PROMOTE DECENT CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

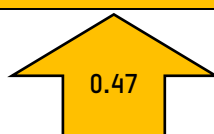


## INDICATOR 5: MEASURES TO REPRESENT CARE WORKERS/ASSOCIATIONS

P10's stakeholder engagement plan proposes measures to ensure citizen engagement and to conduct periodic public consultations to collect feedback at different stages of the project cycle. Women – especially pregnant women and household heads – are identified as important stakeholders. The project's results framework includes an indicator to measure user satisfaction on delivery of services. Despite all of the above, P10 does not include any explicit measures or activities to promote representation of care workers.

### INDICATOR 5: P10 APPROACHING MINIMUM REQUIREMENTS IN REPRESENTING CARE WORKERS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## CONCLUSION

P10 approaches minimum requirements in redistributing and reducing care work and in representing care workers. It satisfies the minimum requirements to recognize and reward and promote decent care work. The Pantawid Programme supported by P10 is an important national poverty alleviation strategy. It offers an adaptive and shock-responsive basket of social protection services to those most affected by and vulnerable to disasters and crises such as the pandemic. Given that natural disasters and disease outbreaks increase gender-based violence, P10 also integrates concrete ways to address this area. There is ample scope within the project to include effective measures to ensure occupational health and safety, and capacity building, skilling and representation of the workforce engaged in project delivery. The platform should also be leveraged to educate and sensitize the community on redefining and redistributing care roles in the domestic sphere. Given that the stakeholder engagement plan recognizes other vulnerable groups not covered by social protection benefits, the programme should include affirmative measures to ensure that these categories of workers can also access these benefits.

## P11: NEPAL RURAL ECONOMIC ENTERPRISE DEVELOPMENT PROJECT

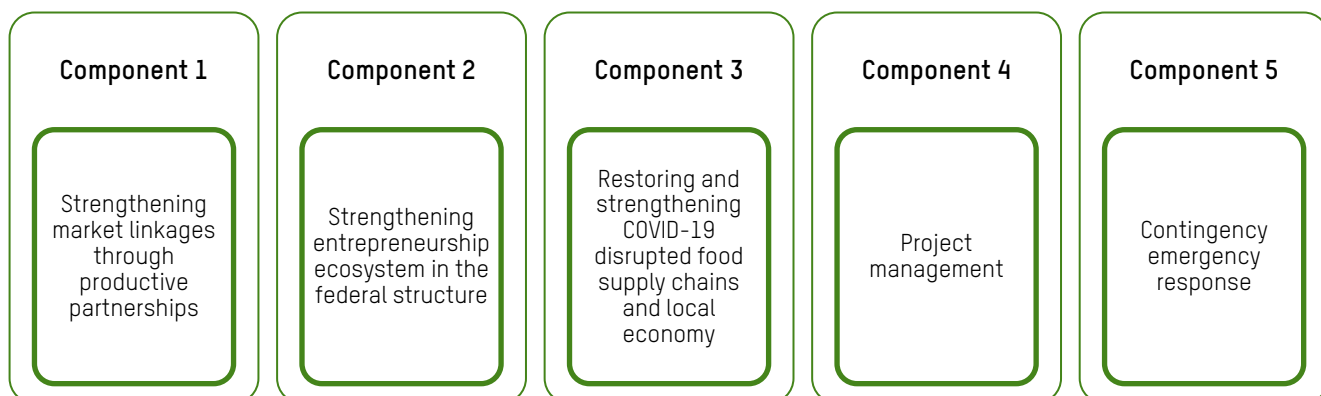
### CONTEXT

Agriculture continues to play a significant role in Nepal's economy, contributing around 27.7% of GDP in FY 2019<sup>122</sup>. However, agriculture growth has been slow and volatile, with added vulnerabilities due to climate change. Although potential for growth exists, given a sizeable domestic market for most food segments, the sector is not adequately tapping into opportunities.<sup>123</sup> The COVID-19 pandemic has further highlighted the need to focus on agriculture development, as income from other sources, especially remittances, has declined, and the lack of regulated and organized food supply chains has resulted in rising prices of food commodities across the country.

## THE PROJECT

The **Nepal Rural Economic Enterprise Development Project – P11**,<sup>124</sup> with a grant of \$120m, has been planned to strengthen rural market linkages and the entrepreneurship ecosystem, and to create job opportunities as part of the recovery from COVID-19. The project proposes to enable this by building productive partnerships with producer organizations; enhancing the capacity of local agriculture agencies, intermediary institutions and SMEs; and financing semi-public infrastructure related to markets and value chains, in five selected ‘economic corridors’.<sup>125</sup>

### PROJECT COMPONENTS INCLUDE:

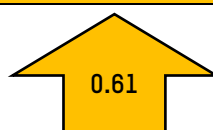


## OVERALL CARE-RESPONSIVENESS RATING OF P11

An assessment of P11 for care-responsiveness reveals that it is approaching minimum requirements, with a score of 0.61.

### P11 APPROACHING MINIMUM REQUIREMENTS OF CARE-RESPONSIVENESS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



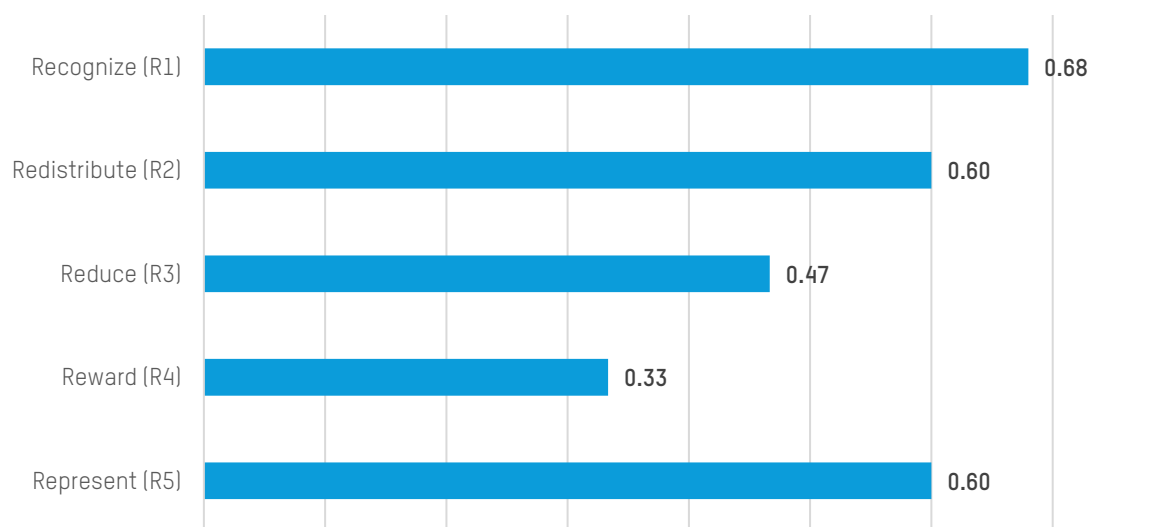
Analysis of care-responsiveness across the project cycle shows that care-responsive actions have been taken in the project identification, preparation, appraisal, negotiation and approval, resource allocation, implementation, monitoring, and evaluation stages. Care-responsiveness scores for P11 with respect to the project cycle are presented in Table 13 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Table 13: Care-responsiveness scores of P11 across the project cycle**

Project cycle stages	Care-responsiveness score
Project identification	1.00
Project preparation, appraisal, negotiations and approval	0.66
Resource allocation, disbursement, implementation and monitoring	0.43
Completion and evaluation	0.40
Source: Project scoring sheet, Appendix 6	

Care-responsiveness scores for P11 with respect to the outcome indicators measured through the '5R' framework are presented in Figure 21 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Figure 21: Care-responsiveness scores across the 5Rs – P11**



Source: Project scoring sheet, Appendix 6

## INDICATOR 1: MEASURES TO RECOGNIZE CARE WORK IN THE PROJECT ANALYSIS

P11 has adopted a gender mainstreaming approach informed by a literature review of women’s non-farm employment in Nepal and an in-depth analysis of rural women in terms of barriers, economic participation, employment and empowerment. It was also informed by a qualitative assessment based on primary data collected through focus group discussions (FGDs). The Project Document also includes a specific section which highlights the gender gaps in agriculture and women’s entrepreneurship sectors, and clearly connects these with gendered social norms and women’s care responsibilities. P11 highlights the demand on women’s time due to unpaid care work in the household and the mobility restrictions this places on women – with many women having to work closer to home so that they can still take care of household responsibilities. This especially restricts women’s access to information and higher-value markets. Women are also underrepresented in producer organizations.

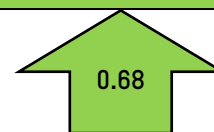
‘According to the 2014/15 Household Survey (Central Bureau of Statistics 2016), women’s weekly workloads (58.8 hours) exceed that of men (47.9 hours) by 11 hours. Similarly, outcomes from the primary data based on FGD revealed women are bound by household work, child-rearing, taking care of elderly members in the household and farming responsibilities, which do not allow them to focus on their business growth.’

P11 Programme Appraisal Document, World Bank

However, the project scope and objectives fall short of directly addressing care responsibilities. The project builds more on the need to involve women in the agriculture sector – which is a contradiction, considering that it recognizes care work as a major limitation to women’s higher-level participation. The project results framework especially has sex-disaggregated targets to improve women’s participation in agriculture (which is a positive measure) but not indicators to address care work or related to care providers.

**INDICATOR 1: P11 SATISFIES MINIMUM REQUIREMENTS TO RECOGNIZE CARE WORK**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

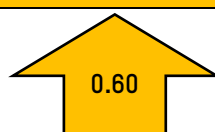


**INDICATOR 2: MEASURES TO REDISTRIBUTE CARE WORK FROM PRIVATE TO PUBLIC PROVISIONING AND ACROSS GENDERS**

P11 analyses the impact of care work on women, but the project activities and interventions that are embedded with a gender lens focus mainly on strengthening women’s participation in the productive partnership, increasing their incomes and coaching them towards growth-oriented SMEs. A critical measure the project introduces which will help redistribute care work, is ‘virtual incubation’ centres. These are designed to facilitate entrepreneurship development and include training and advice to provide gender-informed sensitization for ‘women-only’ groups as well as their spouses and/or male decision makers in the household. This is imperative for creating a stronger enabling environment for female farmers to operate within.

**INDICATOR 2: P11 APPROACHING MINIMUM REQUIREMENTS FOR REDISTRIBUTION OF CARE WORK**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

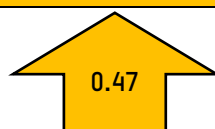


**INDICATOR 3: MEASURES TO REDUCE CARE WORKLOAD**

Access to labour-saving technology was found to be a critical challenge both by the in-depth analytical paper and in the FGDs. It is noted that women’s agricultural technologies – traditional methods that are labour-intensive – tend to be overlooked in technology support, particularly those related to land preparation, weeding, drying and energy efficiency. At the farm level, the project will provide suitable equipment to ease the workload of farming. This will reduce women’s overall workload and time poverty. Although the impact of this measure on care work is not well delineated, given the interconnectedness between women’s unpaid care work and farm work in Nepal, it will most likely also reduce women’s time poverty and labour in care work. There are no other direct actions which will reduce women’s care workload. The project even fails to analyse and address the impact of unpaid care work on girls at home if the primary caregiver moves on to paid opportunities and entrepreneurship.

**INDICATOR 3: P11 APPROACHING MINIMUM REQUIREMENTS TO REDUCE CARE WORK**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## INDICATOR 4: MEASURES TO REWARD AND PROMOTE DECENT CARE WORK

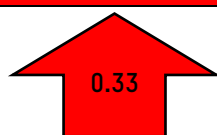
The project will reach approximately 940 rural groups or producer organizations (known as POs) that are expected to have a membership of about 24,000 small-scale farmers and rural producers (the target is at least 35% female membership). However, while this aims to provide decent work to women farmers and promote women’s entrepreneurship, P11 focuses on ‘growth-oriented’ producers. The definition of growth-oriented adopted by the project by its nature excludes people with higher care responsibilities – women with children, poor women involved in subsistence farming, etc.

‘The primary beneficiaries targeted by this project are rural entrepreneurs who are defined as: (i) smallholder farmers and rural producers organized in groups, cooperatives, or other forms of association, to be defined as POs; (ii) agribusiness SMEs; and (iii) agritech start-ups. Smallholder farmers and rural producers to be organized as POs are growth-oriented and will be competitively selected for participation in productive partnerships. “Growth-oriented” can be defined as the segment of potential beneficiaries who are not engaged in subsistence-level activities. Growth-oriented producers actively seek new opportunities, aspire to grow, and create more jobs.’

P11 Programme Information Document, World Bank

### INDICATOR 4: P11 MISSING MINIMUM REQUIREMENTS TO REWARD AND PROMOTE DECENT CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

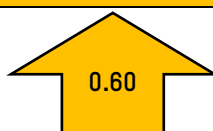


## INDICATOR 5: MEASURES TO REPRESENT CARE WORKERS/ASSOCIATIONS

The project plans to ensure the integration of citizen engagement and has included specific target-group-focused indicators at the Project Development Objectives (PDO) and intermediate levels; the development of a full-fledged stakeholder engagement plan; support to the Office of the Project Director and Economic Corridor Offices in standardizing instruments for engaging communities and affected groups along the project cycle; and strengthened documentation and reporting. Women farmers are a specific target group of the project and there is a strong focus on engaging with women’s groups and organizations as stakeholders. The project strategy of promoting women producer organizations provides an additional platform for women to come together for negotiations. Despite this, the project Missing out on engaging with other paid care workers and their associations (or user groups), which could have provided the necessary insights for addressing care work concerns in the project.

### INDICATOR 5: P11 APPROACHING MINIMUM REQUIREMENTS IN REPRESENTING CARE WORKERS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## CONCLUSION

With its in-depth gender analysis and adoption of gender-mainstreaming approach, P11 satisfies the minimum requirements for recognizing care work and its implications for the sector and project. However, P11 only approaches minimum requirements in redistributing and reducing care work. This indicates that the strong gender analysis has not translated into proactive measures and interventions within the project. It is important not only to highlight gender concerns but to build activities into the project that address these concerns. For example, P11 could have included specific components to address the care work of women involved in the project, such as providing social protection measures for unpaid care workers in farm homes, childcare facilities at the training centres, care allowances, and most importantly, activities that reduce the workload involved in fetching water, fuelwood, etc. Lack of focus on this is also the reason why P11 completely Missing minimum requirements to reward and promote decent care work, with its emphasis on ‘growth-oriented’ farmers.

P11 also falls short in strengthening representation for care workers. The project’s virtual platform could have been leveraged to engage more proactively with underpaid/paid care workers. It could have involved them in educating and sensitizing the community on redistributing care roles in the domestic sphere as well as in the provision of community-based childcare and other services.

The project needs to be further reviewed through a care lens, with critical evidence gathering to understand the current status of unpaid home-care workers (women in farm homes), paid care workers (local childcare and healthcare extension workers), and the burden of care work on girls if the primary caregiver moves to paid employment. This would not only enable the project to be more care responsive but also more efficient, as its success is heavily dependent on addressing these concerns.

## P12: CAMBODIA PRE-SERVICE TRAINING FOR HEALTH WORKERS PROJECT

### CONTEXT

Over the last few decades, Cambodia has made remarkable economic and human development gains. There have been significant improvements, especially in the healthcare sector. However, while health service utilization has increased over the years, access to quality healthcare continues to be a challenge. Various interacting factors contribute to this, but the key underlying reason is inadequacies in the health workforce.

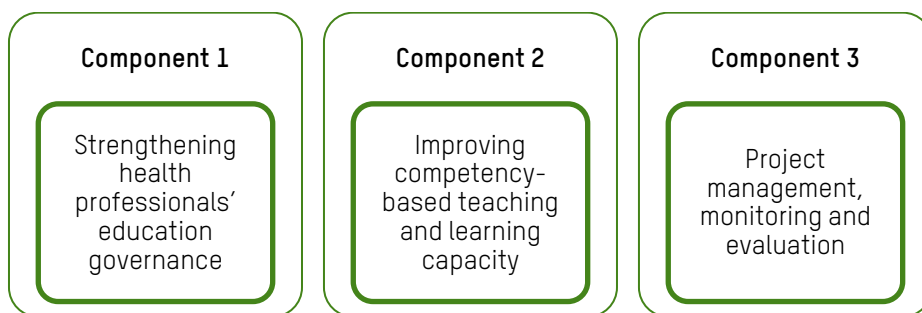
It is well recognized that better training before entering the health workforce is critical to improving the quality of care. However, Cambodia’s pre-service training of health workers is marred by many challenges including weak governance and regulation of training systems, a mismatch between the competency of graduates and the population’s health needs, outdated curricula and regulations that do not permit updating, poor quality of instruction, ineffective use of practice sites, inadequate facilities and equipment, and poor assessment of students and programmes.

### THE PROJECT

The **Cambodia Pre-Service Training for Health Workers Project – P12**,<sup>126</sup> with a grant of \$16.50m, aims to strengthen Cambodia’s pre-service education system for health professionals. P12 will focus on activities related to curricular reforms, building capacity for competency and skills training, improving testing and evaluation, and strengthening quality assurance mechanisms and accreditation systems for medical and nursing education. The ultimate aim is to contribute to

creating a future generation of health professionals who can perform complex functions that are essential to improve the quality of care and health outcomes.<sup>127</sup>

**PROJECT COMPONENTS INCLUDE:**

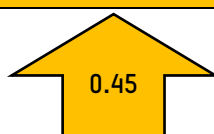


**OVERALL CARE-RESPONSIVENESS RATING OF P12**

An assessment of P12 for care-responsiveness reveals that it approaches minimum requirements, with a score of 0.45.

**P12 APPROACHING MINIMUM REQUIREMENTS OF CARE-RESPONSIVENESS**

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



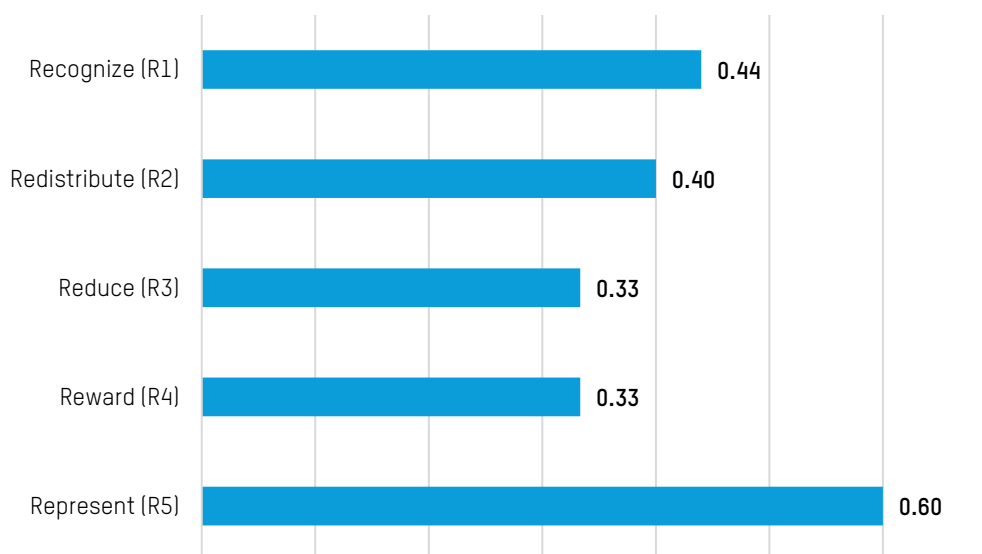
Analysis of care-responsiveness across the project cycle shows that care-responsive actions have been taken in the project identification, preparation, appraisal, negotiation and approval, resource allocation, implementation and monitoring stages. Care-responsiveness scores for P12 with respect to the project cycle are presented in Table 14 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

**Table 14: Care-responsiveness scores of P12 across the project cycle**

Project cycle stage	Care-responsiveness score
Project identification	0.80
Project preparation, appraisal, negotiations and approval	0.43
Resource allocation, disbursement, implementation and monitoring	0.37
Completion and evaluation	0.20
Source: Project scoring sheet, Appendix 6	

Care-responsiveness scores for P12 with respect to the outcome indicators measured through the '5R' framework are presented in Figure 22 (see Appendix 4 project checklist and Appendix 6 scoring sheet).

Figure 22: Care-responsiveness scores across the 5Rs – P12



Source: Project scoring sheet, Appendix 6

## INDICATOR 1: MEASURES TO RECOGNIZE CARE WORK IN THE PROJECT ANALYSIS

P12 has a direct relation to healthcare workers, and the analysis includes detailed gender profiling and analysis of the healthcare workforce. It recognizes that the health sector is a major employer of women. However, while the overall gender balance is roughly equal, there are significant inequalities across occupation groups. Women are significantly underrepresented in nursing (33%) and among doctors (20%); while 100% of midwives are women. This gender imbalance extends to the group directly targeted by the project – health students, who are mainly women; though on closer inspection women make up only a third of the doctor students but all the midwifery students.

Women and care workers (nurses, doctors, midwives) have also been included as an important stakeholder for engagement in the project consultation and planning phase. However, this recognition has not translated into much direct action for promoting gender equity measures within the project.

P12 analyses the ratio of the public health workforce with respect to the population of Cambodia (1:939 people). However, it does not include the impact of lack of quality healthcare on women’s unpaid work taking care of the ill at home. Nor is this included in the project Cost Benefit Analysis (CBA), even as a discounted parameter.

### INDICATOR 1: P12 APPROACHING MINIMUM REQUIREMENTS TO RECOGNIZE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



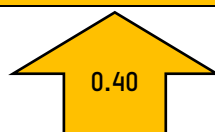
## INDICATOR 2: MEASURES TO REDISTRIBUTE CARE WORK FROM PRIVATE TO PUBLIC PROVISIONING AND ACROSS GENDERS

P12 has a long-term goal of improved quality of care. The project addresses an important strategic priority area of the Royal Government of Cambodia and the World Bank with regard to improving the quality of education and healthcare services in Cambodia. P12 is also expected to have a positive impact on increasing the number of health professionals attaining graduate-level competencies as they enter the health workforce. This would indirectly lead to an overall redistribution of care work by enhancing quality public provisioning of healthcare. P12 also includes gender-based violence as an important aspect of the course curriculum, which will benefit women and LGBTIQ+ communities.

A good example of redistribution would have been to enable a gender balance across the different occupation groups in the health sector. The stakeholder consultations and the Environment and Social Framework (ESF) inclusion strategy also suggest actions for increasing the number of women enrolled in doctor training by providing an equal female quota for the National Entrance Exam and giving priority to female doctors when hiring for government hospitals. P12 does include the promotion of a gender and social inclusion policy to enhance medical education of underrepresented groups, but there is no emphasis on inclusion of active measures/activities to achieve these. Similarly, there is a brief mention of promoting male students in midwifery courses, but no concrete strategies and actions to implement this.

### INDICATOR 2: P12 APPROACHING MINIMUM REQUIREMENTS FOR REDISTRIBUTION OF CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

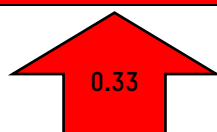


## INDICATOR 3: MEASURES TO REDUCE CARE WORKLOAD

P12 focuses on pre-service training of healthcare workers. However, the focus is more on implementing curriculum reforms to enhance clinical skills and adding courses in areas where there are gaps (for example, primary care, noncommunicable diseases gender-based violence). There is no initiative on how skills can be enhanced to reduce the workload of healthcare workers or enhance their time-management skills. The result areas are oriented towards the percentage of students who pass the national competency exams, and faculty members and 'preceptors' certified as competency-based trainers. The result areas are also generic and, unlike other World Bank projects, do not include sex-disaggregated targets.

### INDICATOR 3: P12 MISSING MINIMUM REQUIREMENTS TO REDUCE CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## INDICATOR 4: MEASURES TO REWARD AND PROMOTE DECENT CARE WORK

As mentioned earlier, P12’s ESF inclusion strategy focuses on promoting actions to increase the number of women enrolling in medical training through providing active support and equal access to opportunities for female doctors in government hospitals. This would have been a strong measure to reward women care workers. However, P12 Missing out in terms of direct action on this.

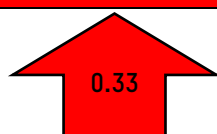
Also, while P12’s analysis recognizes that an important reason for the poor quality of instruction is that trainers are poorly compensated,<sup>128</sup> the project does not finance trainers. The focus of the resource allocation is instead on improving infrastructure and reforming the curriculum.

‘Provide special support to actively promote the enrollment of disadvantaged groups (ethnic minorities, PWDs [people with disability], and women). This is to ensure that the disadvantaged groups are provided the opportunity to enroll in medical courses and are not left out. The component of the support provided to students from the disadvantaged groups shall be “tailored” to their need, that is, responding to their physical, psychological and cultural circumstances.’

P12 Human Resource Requirement Assessment and Plan, World Bank

### INDICATOR 4: P12 MISSING MINIMUM REQUIREMENTS TO REWARD AND PROMOTE DECENT CARE WORK

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements

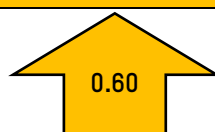


## INDICATOR 5: MEASURES TO REPRESENT CARE WORKERS/ASSOCIATIONS

P12 does emerge as being relatively strong on ensuring representation of care workers. The proposed actions for health curricula and ESF inclusion are derived from the FGDs with key stakeholders including health students, faculty teaching staff, medical staff (doctors, nurses and midwives), representatives of people with disability and LGBTIQ communities, and decision makers of universal health services. The stakeholder engagement plan also recognizes the need for engaging with women’s groups and the professional Council for Nursing, Midwifery, and Medical Doctors. Surprisingly though, representation of care worker unions is missing.

### INDICATOR 5: P12 APPROACHING MINIMUM REQUIREMENTS IN REPRESENTING CARE WORKERS

0 – 0.33	0.34 – 0.66	0.67 – 1.0
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements



## CONCLUSION

P12 approaches minimum requirements in three indicators– recognize, redistribute and represent. However, this seems to be a direct implication of the sector profile rather than being due to any specific action to improve the status of care workers. Even though the project will in the long run redistribute healthcare facilities, it makes no effort to ensure that the redistribution is gender just. P12 also fails to address two very basic concerns of care workers – reduced workload and decent jobs. Despite the recognition of these, there is a lack of design interventions to address them. The project thus Missing the minimum requirements on both these indicators. Overall, however, P12 will have a positive impact on the care economy in Cambodia thanks to improved access to quality healthcare services.

### Box 7: Recommendations for integrating care work in investment project financing

Investment project financing is a priority lending instrument from a care economy perspective, as it is most commonly used to finance physical and social infrastructure with the aim of reducing poverty and promoting sustainable development. It is focused on infrastructure, human development, agriculture and public administration sectors, and supports capital-intensive investments, agricultural development, service delivery, credit and grant delivery, community-based development, and institution building.

This modality also provides technical assistance and support for institutional strengthening.

- **Sector and infrastructure prioritization:** The investment pipeline should give highest priority to energy, transport, water and sanitation, communication, health, education and care infrastructure. Access to basic health and education services should also be strengthened.
- **Technical support and institutional strengthening:** Technical support and institutional strengthening initiatives should integrate a care perspective to be able to recognize, reduce, redistribute and reward care work and ensure adequate representation of care workers. Institutional strengthening support should be guided by care-responsive institutional policies and practices.

Source: Chauhan, D. and Bist Joshi, S. (2021). *Care Principles and Care Responsiveness Barometer: Guidelines and toolkit for international financial institutions (IFIs)*. Oxfam.

# 5 CONCLUSION AND RECOMMENDATIONS

‘The availability and quality of care services are directly related to the levels of employment and the working conditions of care workers, and affect the supply of labour, particularly that of women. As most women (and only some men) have direct caring responsibilities at some point in their lives, a lack of acceptable care services impacts severely on gender equality, both in the labour market and in their unpaid contributions to care. In the relationship between paid care work and unpaid care work, the unpaid care work–paid work–paid care work connection comes full circle.’

Addati A., et al. (2018). *Care work and Care jobs for the Future of Decent Work*.

## CONCLUSION

The 12 case studies indicate that barriers to investment care-responsiveness are not strongly linked to the nature of investment or type of sector. The progressive care-responsive design elements in P4 (rural WASH, Bangladesh), P9 (road connectivity, Cambodia) and P5 (social protection, the Philippines) validate this point and demonstrate the good practices that exist in recognizing, reducing and redistributing care work. A thorough gender and care work analysis, supported through data, is the starting point and the key to improved project design. However, good analysis may or may not always translate into action, as can be seen in a few projects.

The use of relevant data helps analyse and identify the gaps or issues that can then inform planning, budgets and activities to engender genuine care-responsiveness in development policy financing and investment project financing. The case studies reveal that the **key barriers** to this may include (but not be limited to) the following:

- Lack of capacities and knowledge base to guide the project design and planning stages and monitoring of implementation.
- A project may include analysis to identify care work, time-use patterns and workforce participation, but may fail to plan actual interventions to reduce or redistribute paid and unpaid care work.
- Several of the projects identify exposure to gender-based violence but no actions are planned to mitigate its risks for intended target groups, including community and frontline workers.
- Results frameworks in many of the projects fall short of including gender-based indicators and sex-disaggregated targets.
- Despite the scope for it, not many activities are planned to build the skills or capacities of paid and unpaid care workers, or to secure their participation in decision making and increase their voice and agency.
- Despite the potential of development policy financing to impact macro policy, it lacks the motivation and vision to impact the care economy and influence ‘care-sensitive’ reforms.

## CARE-RESPONSIVENESS OF THE PROGRAMMES/PROJECTS ASSESSED

In development policy financing, P1 (social protection and jobs) includes excellent gender and care work analysis to identify the barriers to women's workforce participation. The analysis leads to affirmative actions in the form of daycare centres and a financial assistance component for households that are unable to afford childcare. It also promotes actions to ensure decent work conditions and social protection benefits. P2 (macroeconomics, trade and investments), despite the range of reforms it is supporting and the potential positive impact on the care economy and women's workforce participation, is lacking good analysis and care-responsive design elements. P3 (finance, competitiveness and innovation) also recognizes the importance of gender analysis, its implications for paid work and the need to promote decent care work. However, the focus remains on financial inclusion reforms and there is no targeted action on care-related reforms.

Among investment financing projects, the education (P4) and health sector (P5) projects have only been able to address concerns around women's unpaid and underpaid/paid care work in a limited manner, despite the huge need and the projects' potential to do so. The childcare project (P6), with a care-responsive rating of 0.81, stands out as an example of a well-designed care-focused investment.

The rural water and sanitation project (P7) and urban governance project (P8) also deserve special mention as they address the care roles (paid and unpaid) in their respective sectors to a great extent. However, with a care-responsive rating of 0.75, it is the road connectivity project (P9) that stands out, as in spite of being a pure infrastructure investment, the action areas focus on mitigating care-related barriers. This highlights the significance of infrastructure projects for women's time use and care work.

The social protection project (P10) also recognizes gender-based disadvantages in access to social protection benefits and integrates a strong care perspective in targeting particular groups, keeping in mind the vulnerabilities of pregnant women, women with young children and women in non-standard employment (migrants). The rural enterprise project (P11) also includes an in-depth analysis of gender and care work, but the focus of activities remains on promoting women's paid work by including women-based entrepreneurial activities in the sector. The healthcare worker pre-service training project (P12) has also only been able to incorporate a care lens in a limited manner, despite its long-term goal of providing quality healthcare.

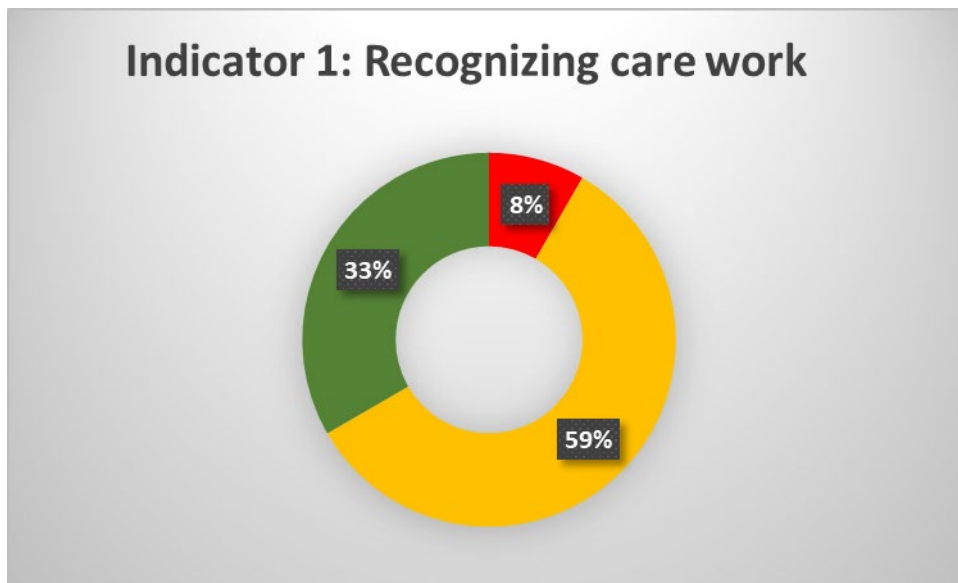
**Overall, only two of the projects assessed (17%) satisfy the minimum requirements to integrate care work. Nine projects (75%) approach minimum requirements; and only one project (8%) Missing out on meeting these. More than 90% of the projects assessed manage to approach the minimum criteria to integrate a care perspective.**

The cumulative data on performance by indicator measured through the '5R' framework highlights the following:

### INDICATOR 1: MEASURES TO RECOGNIZE CARE WORK

Around four projects satisfy the minimum requirements to recognize care work; seven projects approach minimum requirements; and one Missing out on meeting these. More than 90% manage to approach the minimum criteria to recognize care work in the project context and design. The overall performance on this indicator is good and most projects integrate gender and care work analysis.

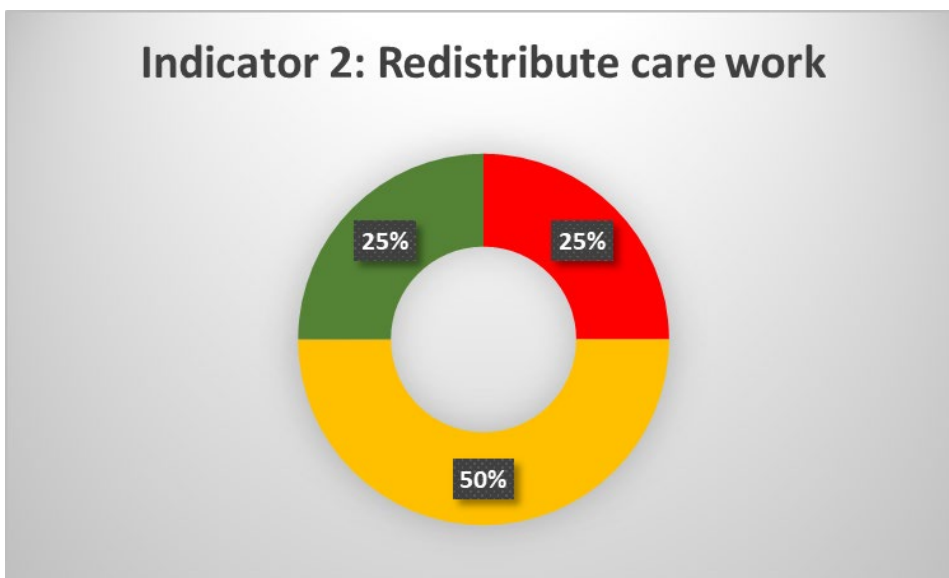
Figure 23: Overall performance on Indicator 1



## INDICATOR 2: MEASURES TO REDISTRIBUTE CARE WORK

Most projects fared averagely on measures to redistribute care work. A quarter of projects failed to meet the minimum requirements, and only three projects managed to satisfy the minimum standards. Despite the scope for engaging with unpaid and paid workers, the projects did not specify activities that will explicitly redistribute care work.

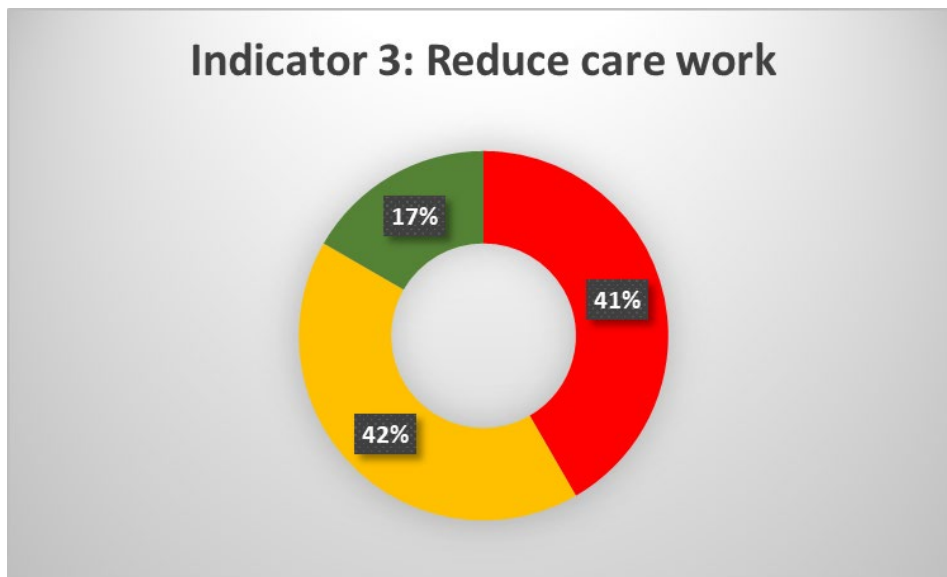
Figure 24: Overall performance on Indicator 2



## INDICATOR 3: MEASURES TO REDUCE CARE WORK

Forty-one percent of the projects scored poorly on this indicator and failed to meet minimum requirements to reduce care workload. Only two projects satisfy minimum requirements. Given that women are disproportionately responsible for care work, increasing their time-poverty and constraining their access to employment, it is very important that all projects with an economic, social or infrastructure focus include a dimension to reduce care workload.

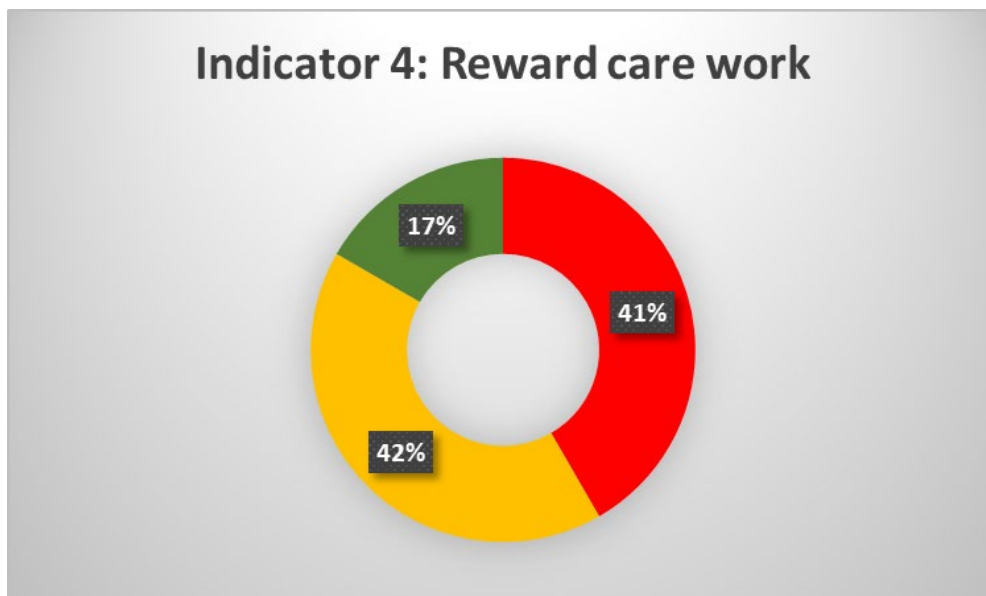
Figure 25: Overall performance on Indicator 3



## INDICATOR 4: MEASURES TO REWARD AND PROMOTE DECENT CARE WORK

With regards to measures to promote and reward decent care work, most projects did poorly: 41% failed to meet the minimum standards and only two projects managed to satisfy these. Despite the projects' scope for engaging with unpaid and paid workers, they did not specify activities that will reward and promote decent care work, except for labour laws compliance requirements that are part of project covenants.

Figure 26: Overall performance on Indicator 4

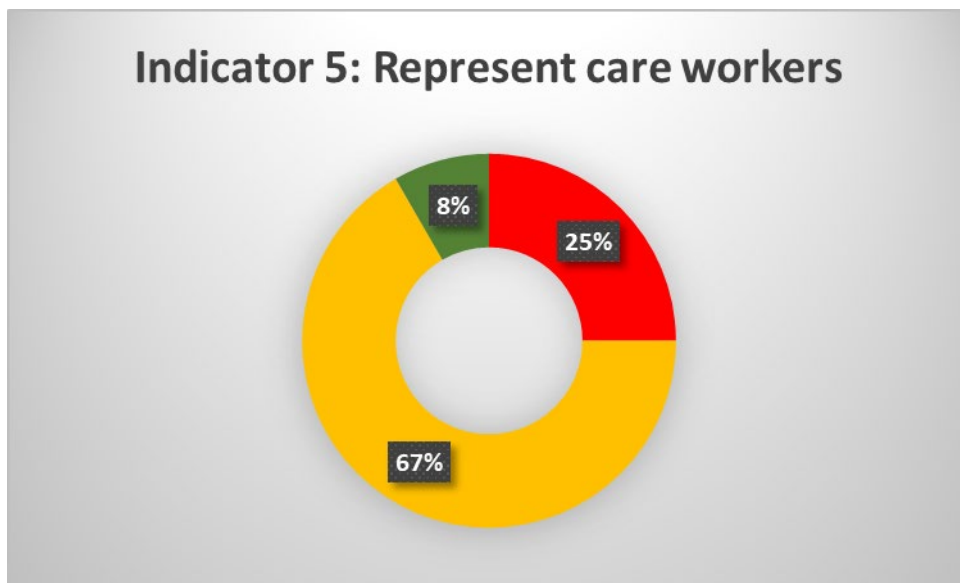


## INDICATOR 5: MEASURES TO STRENGTHEN REPRESENTATION OF CARE WORKERS

A quarter of the projects fared very poorly on this indicator and failed to meet minimum requirements to strengthen the representation of workers and care worker unions. This is an important dimension of creating voice and agency among care workers to enable them to realize

their rights and ensure social protection benefits and decent work conditions. Only one project met the minimum criteria for this indicator. None of the projects (explicitly) offered platforms for social dialogue and collective bargaining.

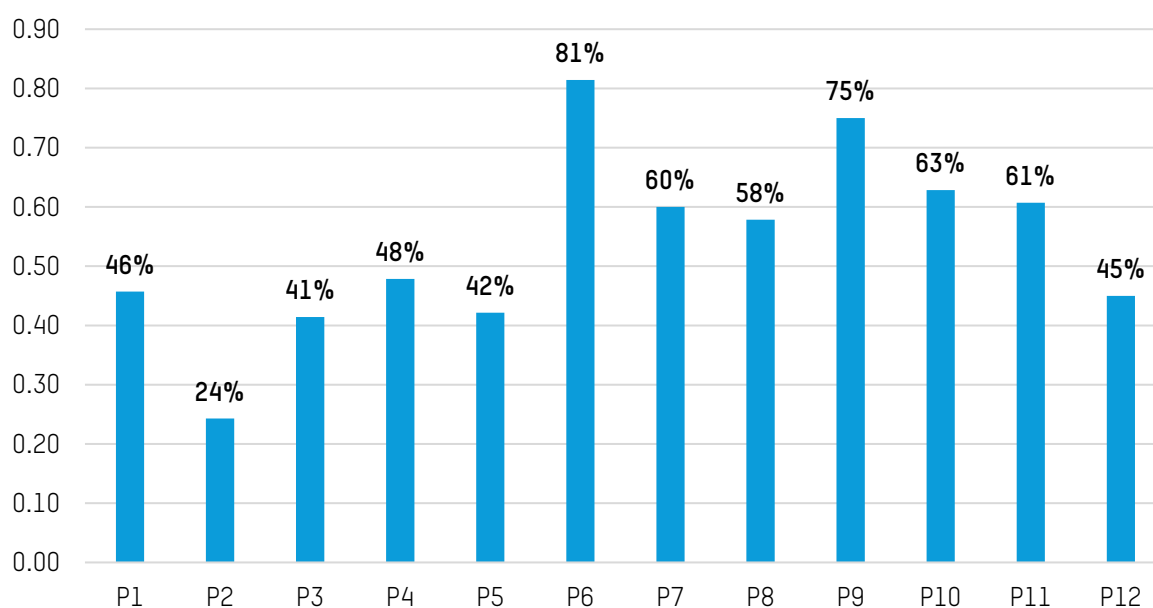
Figure 27: Overall performance on Indicator 5



## THE CARE-RESPONSIVE BUDGET

As mentioned in the methodology section, a proxy approach was designed to calculate the care-responsive budget of the 12 case studies (also see Appendix 3). The indivisible nature of investments and data constraints made it difficult to disaggregate the project budget. Therefore, based on popular practices, a context-specific approach was adopted to score project care-responsiveness. The cumulative project scores were used as a proxy to calculate the proportional share of budget that is estimated to be 'care responsive'. Based on this methodology, the care-responsive budget for P8 is the highest, while that for P2 is the lowest (Figure 28).

Figure 28: The care-responsive budget (as a percentage of total project budget)



## RECOMMENDATIONS

In light of the learning from this assessment and the barriers identified, **high-level recommendations** are outlined below. To enable a pragmatic approach, this section also includes the project cycle entry points, opportunities and recommendations.

- **Recognize, reduce and redistribute.** During the project preparatory phase, optimize data that feeds into a strong gender and care analysis to recognize paid and unpaid care work, time-use patterns and labour force participation. In each development project operation, the care analysis in the project preparation stage should lead to clearly defined activities to recognize, reduce and redistribute care work (as relevant to the scope of the project). This should be supplemented with sufficient budgetary allocations. In each operation, actions should integrate strategic, care-responsive design features that will have a far-reaching impact across sectors in relation to female workforce participation (quality and quantity), inclusion of paid and unpaid care work, and strong gender components to boost women-led enterprises in the sector. The results framework should include gender and care-relevant baselines, targets and indicators to monitor progress. A mid-term gender and care-focused review of WBG operations will be useful to identify the planning and investment gaps.
- **Reward and promote decent care work and strengthen representation, voice and agency.** Project operations should include a mechanism to ensure compliance with minimum social protection requirements and to secure the participation, representation and voice of women paid workers/care workers in decision making. Women's voice and representation should be strengthened with intention through a systematic approach. In order to proactively engage all stakeholders, including care worker unions, it is important to introduce a carefully considered communications plan. Sensitization on equal sharing of care work should also be integrated in the stakeholder and community engagement plans.
- **Enhance skills and paid work opportunities.** To address the skills gap and stimulate greater women's participation in high-skilled occupations, project operations should include capacity-building components. Project staff and implementing partners also need such support to build their individual and institutional abilities to deliver gender- and care-responsive projects and ensure that social protection benefits and decent work conditions are included in all development financing projects.
- **The project cycle and entry points.** It is crucial to understand the opportunities and plan entry points for care-responsive project design, implementation, monitoring and impact assessments in the project cycle. Project selection should prioritize care infrastructure and services (health and education services, social protection, water and sanitation, energy, and transport). The project components should include special measures to recognize, redistribute and reduce women's care work. The project should promote investments in research and development of time-saving technology that will also reduce the labour-intensiveness and drudgery of care work tasks. Depending on the scope of the investment, it should also recognize, advocate and promote decent employment conditions for frontline workers, including care workers engaged in the sector.

## PROJECT CYCLE ENTRY POINTS – RECOMMENDED ACTIONS

### PROJECT IDENTIFICATION

A Project Concept Note is prepared in consultation with the government. The note includes information on the scope, objectives, people or groups the project intends to benefit, anticipated risks, mitigation strategies and timelines. It also outlines the project's development objectives and

its linkages with sustainable development and national priorities. A Project Information Document outlining the project scope and an Integrated Safeguard Data Sheet are also prepared and made public.

- The social and gender analysis section in the Project Concept Note should include data on time use, labour force participation and care work distribution. The analysis should also discuss the project's impact on women's time use and their paid and unpaid care work.
- The Integrated Safeguard Data Sheet should identify informal workers as an important stakeholder group for safeguard-related consultations.

## PROJECT PREPARATION

- Care principles should be used to guide the preparatory stage. Technical assistance should be informed by time-use patterns and gendered division of labour. Adequate human and financial resources should be allocated for this. All project documents should include the analysis and the gender design elements that promote care-responsive activities.
- **Stakeholder participation.** Women's groups and care worker unions should be consulted during the project prioritization and design phase. Users of infrastructure and services should be consulted to understand the project's impact on time-use patterns, and the recommendations included in the project design.
- **Project design.** Time-use surveys, gendered division of labour and recommendations from care workers' groups should inform the project design. The project should include design features that reduce, represent and reward care work.
- **Operations and maintenance (O&M).** Special measures should be planned to ensure women's representation and participation in the skilled workforce in the O&M phase, thus helping to redefine gender norms. A vocational training and skilling component can be planned (through project resources or other funding sources) to enable local women to train as plumbers, electricians, meter readers, etc., depending on the scope of the project and nature of investment.
- **Care-responsive budgets.** Adequate funds should be earmarked for care-focused activities planned in the project design phase. Any concessional measures or subsidies, including childcare provisions (in cash or in kind) for women/girls or vulnerable populations should be included. The budget information should be publicly available for all stakeholders, including affected communities.
- **The supply chain and implementing partners.** Female workforce targets should be specified in the contract agreements. The bill of quantities should include all safety and labour law provisions to ensure compliance. Sensitization programmes on shared care responsibilities within households should be provided to all implementing partners, including contractors. All contractors and implementing partners in the supply chain should adhere to the 'bare minimum standards of care principles' in their organizations. This can be used as an institutional assessment criterion in the partner selection screening process.

## PROJECT APPRAISAL, NEGOTIATIONS AND APPROVAL

The project appraisal stage provides an opportunity for stakeholder review and dialogue. All project documents are appraised to finalize project outcomes, indicators, targets, beneficiaries, timelines, monitoring and reporting modalities.

- **Representation.** The stakeholder review should include women's groups and care worker unions.
- **Recognize.** Project-readiness criteria should include parameters related to female workforce participation and care-responsive institutional policies.
- **The Project Information Document** created in the identification stage is updated and released once the project is approved by the board. The document should include, wherever relevant, information on care-responsive design elements.

## IMPLEMENTATION AND SUPPORT

The World Bank team provides implementation support through a review of the project's progress and its impact on target groups. This is closely monitored and reported by the executing and implementing agencies.

- **Recognize, reduce and represent.** The project team should oversee labour payments, social security allowances, safety measures and other entitlements. Grievance redressal committees should be constituted with adequate representation of female workers.
- **The Implementation Status and Results Report** should include monitoring data on the project's care design features and achievements. The status and results report can also capture the change in women's time-use patterns and shift in female labour force participation.
- **Project monitoring and information systems** should track compliance with care principles.
- **Case studies and good practices.** The implementation phase can also document case studies on the project's impacts on women's mobility, time use, human development opportunities and labour force participation. Social safeguard practices that promote labour law compliance and encourage female workforce participation can also be documented and showcased.

## COMPLETION AND EVALUATION

The **Project Completion Report** is a good opportunity to measure the project's impacts on women's care work and labour force participation. It should also highlight the design features that influenced this, and the **Implementation Completion and Results Report** should capture the findings. The lessons learnt in the completion report are also important, as these will feed into improving the design of similar investments in future. End-line surveys and project impact studies should include data on women's time use, changes in labour force participation and intergenerational distribution of care responsibilities.

As a way forward, it is also recommended for civil society to sustain advocacy around development financing and care-focused investments through:

- **Advocacy.** Build a strong advocacy platform with the IFIs to create the demand for care-responsive projects. Provide the requisite knowledge support to guide the COVID-19 recovery investment pipelines.
- **Networks.** Create strong women's budget groups and networks in the region to lead research, advocacy and capacity building in the care sector. Align the work with care worker unions that are active in the region.
- **Research.** Commission a research component to focus on the policy lending arm of the WBG and other IFIs. Policy loans provide long-term support to sector reforms with a strong and sustained macroeconomic impact.
- **Sectoral focus.** Select a sector for focused work. The issues of the paid domestic workforce and policies can be prioritized within the sector. Technical assistance from the WBG should be leveraged for this work.

# APPENDIX 1: SAMPLING METHODOLOGY – COUNTRY SELECTION

A two-step process was used to select the countries for the case studies:

**Step 1.** The World Bank country-grouping and lending modality criterion was used to classify the member countries based on: (i) **regional grouping** (Asia); (ii) **income category** (lower middle-income economies); and (iii) single **lending modality** (IBRD or IDA) – countries initially selected are highlighted in blue in Table A.<sup>129</sup>

**Step 2.** Three prerequisites were used for the final selection: (i) availability of **time-use data** (latest year); (ii) SDG **GRB score** of 2 (fully meets requirements); and (iii) the availability of **COVID-19 gender impact survey data**.<sup>130</sup> The countries selected on this basis are highlighted in green in Table A).

Table A: Developing Member Countries Selection for Assessment				
Step 1: World Bank grouping criterion		Step 2		
		SDG Metadata		COVID-19
Lower-middle-income DMCs in Asia	Lending modality	Time-use statistics	GRB score	Rapid gender assessment surveys
<i>Bangladesh</i>	IDA	2012	2	Yes
<i>Bhutan</i>	IDA	2010	2	
<i>Cambodia</i>	IDA	2004	1	Yes
<i>Kyrgyz Republic</i>	IDA	NA		
<i>Lao People's Democratic Republic</i>	IDA	2008	0	
<i>Myanmar</i>	IDA	NA		
<i>Nepal</i>	IDA	2010	2	Yes
<i>India</i>	IBRD	1998	NA	
<i>Philippines</i>	IBRD	2000	2	Yes
<i>Sri Lanka</i>	IBRD	2001	NA	
<i>Viet Nam</i>	IBRD	2004	2	
<i>Pakistan</i>	Blend			
<i>Timor-Leste</i>	Blend			
<i>Uzbekistan</i>	Blend			
<i>Sample shortlisted in Step 1</i>				

# APPENDIX 2: PROJECT LIST, BASIC INFORMATION AND REFERENCE DOCUMENTS FOR PROJECT REVIEWS

Borrower & country	Implementing Agency	Total project cost	Commitment amount	Funding modality	Lead practice area	Approval date
<b>P1. Bangladesh Second Programmatic Jobs Development Policy Credit</b>						
Bangladesh	Ministry of Finance	\$250.00m	\$250.00m	International Development Association	Social Protection and Jobs	June 19, 2020
<b>Project documents reviewed:</b>						
<ul style="list-style-type: none"> <li>Project Brief (154350): <a href="#">Bangladesh - Second Programmatic Jobs Development Policy Credit : Creating Quality Jobs and Opportunities (English)</a>; November 10, 2020</li> <li>Financing Agreement: <a href="#">Official Documents- Financing Agreement for Credit 6690-BD (Closing Package) (English)</a>; June 21, 2020</li> <li>Letter of Development Policy: <a href="#">Official Documents- Letter of Development Policy for Credit 6690-BD (Closing Package) (English)</a>; April 20, 2020</li> <li>Programme Document (PGD105): <a href="#">Bangladesh - Second Programmatic Jobs Development Policy Credit (English)</a>; May 19, 2020</li> <li>Programme Information Document(PIDA27730): <a href="#">Appraisal Programme Information Document (PID) - Bangladesh Second Programmatic Jobs Development Policy Credit - P168724 (English)</a>; May 7, 2020</li> <li>Programme Information Document (PIDC26902): <a href="#">Concept Programme Information Document (PID) - Bangladesh Second Programmatic Jobs Development Policy Credit - P168724 (English)</a>; April 9, 2019</li> </ul>						
<b>P2. Second Philippines Promoting Competitiveness and Enhancing Resilience Development Policy Loan</b>						
Philippines	Finance Division, Ministry of Finance	\$600.00m	\$600.00m	International Bank for Reconstruction and Development	Macroeconomics Trade and Industry	Dec 16, 2020
<b>Project documents reviewed:</b>						
<ul style="list-style-type: none"> <li>Loan Agreement <a href="http://documents1.worldbank.org/curated/en/645301608655406760/pdf/Official-Documents-Loan-Agreement-for-Loan-9189-PH.pdf">http://documents1.worldbank.org/curated/en/645301608655406760/pdf/Official-Documents-Loan-Agreement-for-Loan-9189-PH.pdf</a></li> <li>Programme Document <a href="http://documents1.worldbank.org/curated/en/370011608433259133/pdf/Philippines-Promoting-Competitiveness-and-Enhancing-Resilience-to-Natural-Disasters-Sub-Programme -2-Development-Policy-Loan.pdf">http://documents1.worldbank.org/curated/en/370011608433259133/pdf/Philippines-Promoting-Competitiveness-and-Enhancing-Resilience-to-Natural-Disasters-Sub-Programme -2-Development-Policy-Loan.pdf</a></li> <li>Programme Information Document (PID) <a href="https://documents1.worldbank.org/curated/en/581481605069192380/pdf/Appraisal-Program-Information-Documents-PID-Second-Philippines-Promoting-Competitiveness-and-Enhancing-Resilience-Development-Policy-Loan-P170914.pdf">https://documents1.worldbank.org/curated/en/581481605069192380/pdf/Appraisal-Program-Information-Documents-PID-Second-Philippines-Promoting-Competitiveness-and-Enhancing-Resilience-Development-Policy-Loan-P170914.pdf</a></li> </ul>						

P3. Nepal Finance for Growth Development Policy Financing						
Nepal	Ministry of Finance	\$200.00m	\$200.00m	International Development Association	Banking and Financial Markets	Sept 17, 2020
<b>Project documents reviewed:</b> <ul style="list-style-type: none"> <li>Financing Agreement <a href="https://documents1.worldbank.org/curated/en/320791608748190066/pdf/Official-Documents-Financing-Agreement-for-Credit-6715-NP.pdf">https://documents1.worldbank.org/curated/en/320791608748190066/pdf/Official-Documents-Financing-Agreement-for-Credit-6715-NP.pdf</a></li> <li>Programme Document <a href="https://documents1.worldbank.org/curated/en/727911600653694532/pdf/Nepal-Finance-for-Growth-Development-Policy-Financing.pdf">https://documents1.worldbank.org/curated/en/727911600653694532/pdf/Nepal-Finance-for-Growth-Development-Policy-Financing.pdf</a></li> <li>Programme Information Document (PID)</li> </ul> <ol style="list-style-type: none"> <li><a href="https://documents1.worldbank.org/curated/en/815461590576077459/pdf/Appraisal-Programme-Information-Document-PID-Finance-for-Growth-Development-Policy-Financing-P173044.pdf">https://documents1.worldbank.org/curated/en/815461590576077459/pdf/Appraisal-Programme-Information-Document-PID-Finance-for-Growth-Development-Policy-Financing-P173044.pdf</a></li> <li><a href="https://documents1.worldbank.org/curated/en/677181582808381114/pdf/Concept-Programme-Information-Document-PID-Finance-for-Growth-P173044.pdf">https://documents1.worldbank.org/curated/en/677181582808381114/pdf/Concept-Programme-Information-Document-PID-Finance-for-Growth-P173044.pdf</a></li> </ol>						
P4. Bangladesh COVID-19 School Sector Response (GPE) – Investment Project Financing						
Bangladesh	Ministry of Finance	\$14.80m	Grant	Grant	Education	October 20, 2020
<b>Project documents reviewed:</b> <ul style="list-style-type: none"> <li>Project Information Document(PIDA29516): <a href="#">Project Information Document - Bangladesh COVID 19 School Sector Response (GPE) - P174268 (English); August 14, 2020</a></li> <li>Environmental and Social Commitment Plan: <a href="#">Environmental and Social Commitment Plan (ESCP) - Bangladesh COVID 19 School Sector Response (GPE) - P174268 (English); August 12, 2020</a></li> <li>Environmental and Social Review Summary(ESRSA00975): <a href="#">Appraisal Environmental and Social Review Summary (ESRS) - Bangladesh COVID 19 School Sector Response (GPE) - P174268 (English); August 12, 2020</a></li> <li>Stakeholder Engagement Plan: <a href="#">Stakeholder Engagement Plan (SEP) - Bangladesh COVID 19 School Sector Response (GPE) - P174268 (English); August 12, 2020</a></li> </ul>						
P5. Philippines COVID-19 Emergency Response Project – Investment Project Financing						
Philippines	Department of Health	\$100.00m	\$100.00m	International Bank for Reconstruction and Development	Health, Nutrition & Population	April 22, 2020
<b>Project documents reviewed:</b> <ul style="list-style-type: none"> <li>Philippines - EAST ASIA AND PACIFIC- P173877- Philippines COVID-19 Emergency Response Project - Procurement Plan (English) <a href="https://projects.worldbank.org/en/projects-operations/project-detail/P173877">https://projects.worldbank.org/en/projects-operations/project-detail/P173877</a></li> <li>Disclosable Version of the ISR - Philippines COVID-19 Emergency Response Project - P173877 - Sequence No: 01 (English) <a href="https://documents.worldbank.org/en/publication/documents-reports/documentdetail/593671596191229921/disclosable-version-of-the-isr-philippines-covid-19-emergency-response-project-p173877-sequence-no-01">https://documents.worldbank.org/en/publication/documents-reports/documentdetail/593671596191229921/disclosable-version-of-the-isr-philippines-covid-19-emergency-response-project-p173877-sequence-no-01</a></li> <li>Philippines - EAST ASIA AND PACIFIC- P173877- Philippines COVID-19 Emergency Response Project - Procurement Plan (English) <a href="https://policycommons.net/artifacts/1807796/philippines/2542255/">https://policycommons.net/artifacts/1807796/philippines/2542255/</a></li> <li>Philippines - EAST ASIA AND PACIFIC- P173877- Philippines COVID-19 Emergency Response Project - Procurement Plan (English)</li> <li>Official Documents - Loan Agreement for Loan 9105-PH (English) <a href="https://documents.worldbank.org/pt/publication/documents-reports/documentdetail/879841588082706345/official-documents-loan-agreement-for-loan-9105-ph">https://documents.worldbank.org/pt/publication/documents-reports/documentdetail/879841588082706345/official-documents-loan-agreement-for-loan-9105-ph</a></li> <li>Philippines - COVID-19 Emergency Response Project (English) <a href="https://www.worldbank.org/en/news/loans-credits/2020/04/20/philippines-covid-19-coronavirus-emergency-response-project">https://www.worldbank.org/en/news/loans-credits/2020/04/20/philippines-covid-19-coronavirus-emergency-response-project</a></li> <li>Disbursement and Financial Information Letter for Loan 9105-PH (English) <a href="https://documents.worldbank.org/pt/publication/documents-">https://documents.worldbank.org/pt/publication/documents-</a></li> </ul>						

[reports/documentdetail/126261588083182786/official-documents-disbursement-and-financial-information-letter-for-loan-9105-ph](https://documents1.worldbank.org/curated/en/126261588083182786/official-documents-disbursement-and-financial-information-letter-for-loan-9105-ph)

- Project Information Document - Philippines COVID-19 Emergency Response Project - P173877 (English) <https://documents1.worldbank.org/curated/en/459851586587368768/project-information-document-philippines-covid-19-emergency-response-project-p173877>
- Stakeholder Engagement Plan (SEP) - Philippines COVID-19 Emergency Response Project - P173877 (English) <https://documents1.worldbank.org/curated/en/837381616695017619/pdf/Revised-Stakeholder-Engagement-Plan-SEP-Philippines-COVID-19-Emergency-Response-Project-P173877.pdf>
- Appraisal Environmental and Social Review Summary (ESRS) - Philippines COVID-19 Emergency Response Project - P173877 (English) <https://documents1.worldbank.org/curated/en/555101586368375247/text/Appraisal-Environmental-and-Social-Review-Summary-ESRS-Philippines-COVID-19-Emergency-Response-Project-P173877.txt>
- Environmental and Social Commitment Plan (ESCP) - Philippines COVID-19 Emergency Response Project - P173877 (English) <https://documents1.worldbank.org/curated/en/220801586368351795/pdf/Environmental-and-Social-Commitment-Plan-ESCP-Philippines-COVID-19-Emergency-Response-Project-P173877.pdf>

#### P6. Community-based Childcare for Garment Factory Workers Project – Investment Project Financing

Cambodia	Planète Enfants & Développement	\$3.25m	\$0.00m		Early Childhood Education and Workforce Development	April 2, 2020
----------	---------------------------------	---------	---------	--	---	---------------

#### Project documents reviewed:

- Project Information Document (P171063): <https://documents1.worldbank.org/curated/en/404631569817435376/pdf/Project-Information-Document-PID-Community-based-Childcare-for-Garment-Factory-Workers-Project-P171063.pdf>
- Environmental and Social Review Summary Concept Stage: <https://documents1.worldbank.org/curated/en/448381571336457113/pdf/Concept-Environmental-and-Social-Review-Summary-ESRS-Community-based-Childcare-for-Garment-Factory-Workers-Project-P171063.pdf>
- Environmental and Social Review Summary Appraisal Stage: <https://documents1.worldbank.org/curated/en/937741580488665178/pdf/Appraisal-Environmental-and-Social-Review-Summary-ESRS-Community-based-Childcare-for-Garment-Factory-Workers-Project-P171063.pdf>
- ENVIRONMENTAL and SOCIAL COMMITMENT PLAN (ESCP): <https://documents1.worldbank.org/curated/en/186231580488645857/pdf/Environmental-and-Social-Commitment-Plan-ESCP-Community-based-Childcare-for-Garment-Factory-Workers-Project-P171063.pdf>
- Implementation Status & Results Report:
  1. <https://documents1.worldbank.org/curated/en/218751594708161824/pdf/Disclosable-Version-of-the-ISR-Community-based-Childcare-for-Garment-Factory-Workers-Project-P171063-Sequence-No-01.pdf>
  2. <https://documents1.worldbank.org/curated/en/974801595015843048/pdf/Disclosable-Version-of-the-ISR-Community-based-Childcare-for-Garment-Factory-Workers-Project-P171063-Sequence-No-01.pdf>

#### P7. Rural Water, Sanitation and Hygiene for Human Capital Development Project – Investment Project Financing

Bangladesh	Department of Public Health Engineering (DPHE), Palli KarmaSahayak Foundation (PKSF)	\$550.50m	\$200.00m	IDA Commitment	Water	Sept. 25, 2020
------------	--	-----------	-----------	----------------	-------	----------------

#### Project documents reviewed:

- Project Appraisal Document (PAD3753): [Bangladesh - Rural Water, Sanitation, and Hygiene for Human Capital Development Project \(English\); September 2, 2020](#)

- Project Information Document (PIDISDSA29876): [Project Information Document - BD Rural Water, Sanitation and Hygiene for Human Capital Development Project - P169342 \(English\)](#); June 29, 2020
- Project Information Document (PIDA28740): [Project Information Document - BD Rural Water, Sanitation and Hygiene for Human Capital Development Project - P169342 \(English\)](#); June 5, 2020
- Project Information Document (PIDC27121): [Concept Project Information Document \(PID\) - BD Rural Water, Sanitation and Hygiene for Human Capital Development Project - P169342 \(English\)](#); January 24, 2020
- Environmental and Social Commitment Plan: [Environmental and Social Commitment Plan \(ESCP\) BD Rural Water Sanitation and Hygiene for Human Capital Development Project \(P169342\) \(English\)](#); September 1, 2020
- Environmental and Social Management Plan: [Environmental and Social Management Framework \(ESMF\) BD Rural Water Sanitation and Hygiene for Human Capital Development Project \(P169342\) \(English\)](#); September 1, 2020
- Environmental and Social Review Summary (ESRSA00648): [Appraisal Environmental and Social Review Summary \(ESRS\) - BD Rural Water, Sanitation and Hygiene for Human Capital Development Project - P169342 \(English\)](#); May 15, 2020
- Environmental and Social Commitment Plan: [Environmental and Social Commitment Plan \(ESCP\) - BD Rural Water, Sanitation and Hygiene for Human Capital Development Project - P169342 \(English\)](#); May 15, 2020
- Environmental and Social Review Summary (ESRSC00977): [Concept Environmental and Social Review Summary \(ESRS\) - BD Rural Water, Sanitation and Hygiene for Human Capital Development Project - P169342 \(English\)](#); February 2, 2020
- Stakeholder Engagement Plan: [Stakeholder Engagement Plan \(SEP\) - BD Rural Water, Sanitation and Hygiene for Human Capital Development Project - P169342 \(English\)](#); May 15, 2020

#### **P8. Urban Governance and Infrastructure Project – Investment Project Financing**

Nepal	Ministry of Finance	\$150.00m	\$150.00m	International Development Association	Urban Development	Sept. 28, 2020
-------	---------------------	-----------	-----------	---------------------------------------	-------------------	----------------

#### **Project documents reviewed:**

- Combined Project Information Documents/Integrated Safeguards Datasheet:
- <https://documents1.worldbank.org/curated/en/703721591875442135/pdf/Project-Information-Document-Integrated-Safeguards-Data-Sheet-Nepal-Urban-Governance-and-Infrastructure-Project-P163418.pdf>
- Project Appraisal Document: <https://documents1.worldbank.org/curated/en/197391612823608202/pdf/Nepal-Urban-Governance-and-Infrastructure-Project.pdf>
- Environment and Social Management Framework (ESMF): <https://documents1.worldbank.org/curated/en/925831571371630697/pdf/Environmental-and-Social-Management-Framework.pdf>
- Implementation Status and Results Report:
  1. <https://documents1.worldbank.org/curated/en/256551615236648623/pdf/Disclosable-Version-of-the-ISR-Nepal-Urban-Governance-and-Infrastructure-Project-P163418-Sequence-No-02.pdf>
  2. <https://documents1.worldbank.org/curated/en/730631608242650301/pdf/Disclosable-Version-of-the-ISR-Nepal-Urban-Governance-and-Infrastructure-Project-P163418-Sequence-No-01.pdf>

#### **P10. Roads Connectivity Improvement – Investment Project Financing**

Cambodia	Ministry of Public Works and Transport, Ministry of Rural Development	\$100.00m	\$100.00m	International Development Association	Rural and Intra-urban roads	July 16, 2020
----------	---	-----------	-----------	---------------------------------------	-----------------------------	---------------

#### **Project documents reviewed:**

- Project Information Document: <https://documents1.worldbank.org/curated/en/875471585044674723/pdf/Project-Information-Document-Cambodia-Road-Connectivity-Improvement-P169930.pdf>
- Stakeholder Engagement Plan: <https://documents1.worldbank.org/curated/en/397031586230420580/pdf/Stakeholder-Engagement-Plan-SEP-Cambodia-Road-Connectivity-Improvement-P169930.pdf>

- ESRS Appraisal Stage: <https://documents1.worldbank.org/curated/en/700691584979445212/pdf/Appraisal-Environmental-and-Social-Review-Summary-ESRS-Cambodia-Road-Connectivity-Improvement-P169930.pdf>
- ESMP:
  1. <https://documents1.worldbank.org/curated/en/482571586230421424/pdf/Environmental-and-Social-Management-Plan-ESMP-Cambodia-Road-Connectivity-Improvement-P169930.pdf>
  2. <https://documents1.worldbank.org/curated/en/492041586230423189/pdf/Environmental-and-Social-Management-Plan-ESMP-Cambodia-Road-Connectivity-Improvement-P169930.pdf>
- Project Appraisal Document: <https://documents1.worldbank.org/curated/en/448831595210426390/pdf/Cambodia-Road-Connectivity-Improvement-Project.pdf>
- Implementation Status and Results Report:
  1. <https://documents1.worldbank.org/curated/en/243451617977349448/pdf/Disclosable-Version-of-the-ISR-Cambodia-Road-Connectivity-Improvement-P169930-Sequence-No-02.pdf>

#### P10. Beneficiary FIRST Social Protection Project – Investment Project Financing

Philippines	Department of Social Welfare and Development	\$8690.00m	\$600.00m	International Bank for Reconstruction and Development	Social Protection & Jobs	Sept. 28, 2020
-------------	--	------------	-----------	---	--------------------------	----------------

Project documents reviewed:

- Official Documents- Loan Agreement for Loan No. 9168-PH (English) <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/892031605624513875/official-documents-loan-agreement-for-loan-no-9168-ph>
- Official Documents- Disbursement and Financial Information Letter for Loan No. 9168-PH (English)
- Optimizing Pantawid for Nutrition (English) <https://documents1.worldbank.org/curated/en/705861605624679839/pdf/Official-Documents-Disbursement-and-Financial-Information-Letter-for-Loan-No-9168-PH.pdf>
- Philippines - Beneficiary FIRST Social Protection Project (English) <https://www.worldbank.org/en/news/loans-credits/2020/09/28/philippines-beneficiary-first-social-protection-project>
- Appraisal Environmental and Social Review Summary (ESRS) - Beneficiary FIRST Social Protection Project - P174066 (English) <https://documents.worldbank.org/pt/publication/documents-reports/documentdetail/148401598848543193/appraisal-environmental-and-social-review-summary-esrs-beneficiary-first-social-protection-project-p174066>
- Project Information Document - Beneficiary FIRST Social Protection Project - P174066 (English) <https://projects.worldbank.org/en/projects-operations/project-detail/P174066>
- Stakeholder Engagement Plan (SEP) - Beneficiary FIRST Social Protection Project - P174066 (English) [https://ewdata.rightsindevelopment.org/files/documents/66/WB-P174066\\_BW72aqc.pdf](https://ewdata.rightsindevelopment.org/files/documents/66/WB-P174066_BW72aqc.pdf)
- Environmental and Social Commitment Plan (ESCP) - Beneficiary FIRST Social Protection Project - P174066 (English) <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/443661598848528961/environmental-and-social-commitment-plan-escp-beneficiary-first-social-protection-project-p174066>

#### P11. Rural Enterprise and Economic Development Project – Investment Project Financing

Nepal	Ministry of Agriculture and Livestock Development	\$120.00m	\$80.00m	International Development Association	Agriculture markets, commercialization and agri-business	Oct. 28, 2020
-------	---	-----------	----------	---------------------------------------	--	---------------

Project documents reviewed:

- Stakeholder Engagement Plan: <https://documents1.worldbank.org/curated/en/847531601682788763/pdf/Stakeholder-Engagement-Plan-SEP-Rural-Enterprise-and-Economic-Development-Project-P170215.pdf>

- ESRS Appraisal Stage: <https://documents1.worldbank.org/curated/en/868001601682803389/pdf/Appraisal-Environmental-and-Social-Review-Summary-ESRS-Rural-Enterprise-and-Economic-Development-Project-P170215.pdf>
- ESMF: <https://documents1.worldbank.org/curated/en/182161598967329088/pdf/Environmental-and-Social-Management-Framework-ESMF-Rural-Economic-and-Enterprise-Development-Project-P170215.pdf>
- ESCP: <https://documents1.worldbank.org/curated/en/629381601682784396/pdf/Environmental-and-Social-Commitment-Plan-ESCP-Rural-Enterprise-and-Economic-Development-Project-P170215.pdf>
- Project Appraisal Document: <https://documents1.worldbank.org/curated/en/784741604196025838/pdf/Nepal-Rural-Enterprise-and-Economic-Development-Project.pdf>
- Implementation Status and Results Report:
  1. <https://documents1.worldbank.org/curated/en/329541614618874102/pdf/Disclosable-Version-of-the-ISR-Rural-Enterprise-and-Economic-Development-Project-P170215-Sequence-No-01.pdf>
  2. <https://documents1.worldbank.org/curated/en/796761620050387925/pdf/Disclosable-Version-of-the-ISR-Rural-Enterprise-and-Economic-Development-Project-P170215-Sequence-No-02.pdf>

## P12. Strengthening Pre-Service Education System for Health Professionals Project – Investment Project Financing

Cambodia	Ministry of Health	\$36.50m	\$15.00m	International Development Association	Health Education	May 29, 2020
----------	--------------------	----------	----------	---------------------------------------	------------------	--------------

### Project documents reviewed:

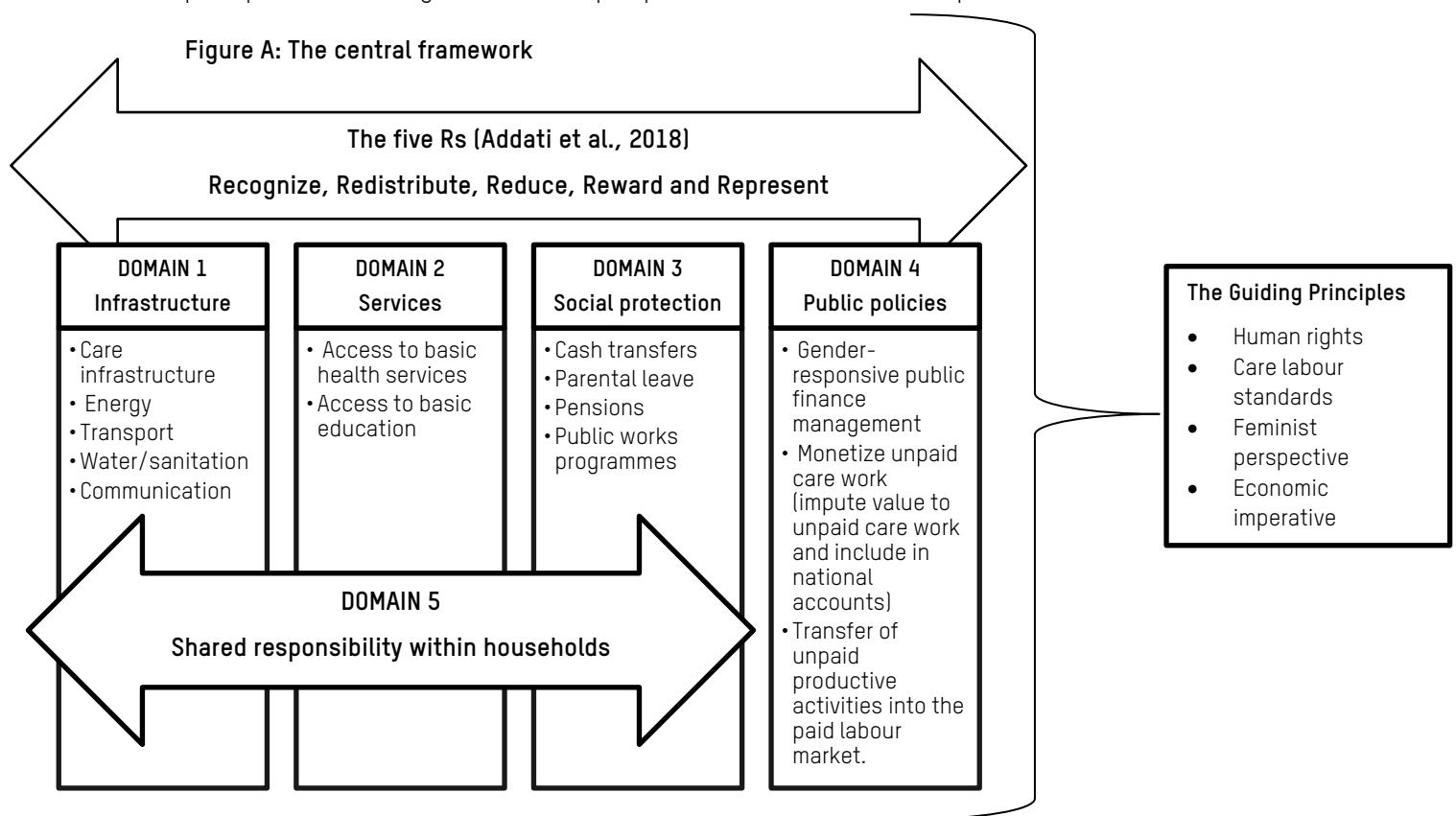
- Project Information Document: <https://documents1.worldbank.org/curated/en/150481583728056267/pdf/Project-Information-Document-Cambodia-Pre-Service-Training-for-Health-Workers-Project-P169629.pdf>
- Stakeholder Engagement Plan: <https://documents1.worldbank.org/curated/en/250311589460268884/pdf/Revised-Stakeholder-Engagement-Plan-SEP-Strengthening-Pre-Service-Education-System-for-Health-Professionals-Project-P169629.pdf>
- ESCP: <https://documents1.worldbank.org/curated/en/243061583242745575/pdf/Environmental-and-Social-Commitment-Plan-ESCP-Cambodia-Pre-Service-Training-for-Health-Workers-Project-P169629.pdf>
- ESAP: <https://documents1.worldbank.org/curated/en/666771589460368674/pdf/Revised-Environmental-and-Social-Impact-Assessment-Strengthening-Pre-Service-Education-System-for-Health-Professionals-Project-P169629.pdf>
- Project Appraisal Document: <https://documents1.worldbank.org/curated/en/668861591063363140/pdf/Cambodia-Strengthening-Pre-Service-Education-System-for-Health-Professionals-Project.pdf>
- Implementation Status and Results Report:
  1. <https://documents1.worldbank.org/curated/en/948401608302684013/pdf/Disclosable-Version-of-the-ISR-Strengthening-Pre-Service-Education-System-for-Health-Professionals-Project-P169629-Sequence-No-02.pdf>
  2. <https://documents1.worldbank.org/curated/en/417921599199189496/pdf/Disclosable-Version-of-the-ISR-Strengthening-Pre-Service-Education-System-for-Health-Professionals-Project-P169629-Sequence-No-01.pdf>

# APPENDIX 3: SCORING AND CARE BUDGET METHODOLOGY

## CENTRAL FRAMEWORK

A central framework was developed to guide the overall approach (Figure A). The framework covered the five care domains: care infrastructure, care services, social protection, shared responsibility and public policy. The degree of care-responsiveness across these domains (based on the sector focus of the sample projects) was measured using the ILO’s ‘5R’ framework: recognize, redistribute, reduce, reward and represent. Each case study was analysed bearing in mind the fundamental principles of human rights, a feminist perspective and the economic imperative.

Figure A: The central framework



This central framework was used as a guiding document in the selection of the case studies. Three case studies across each domain were selected from across the four countries.

## INDICATOR FRAMEWORK

The project-level indicator framework from Oxfam’s Care Principles and Care-Responsiveness Barometer for IFIs (2021) was used for the assessment. This was designed keeping in mind the need to encourage the use of a care lens throughout the project cycle, ultimately ensuring that all projects are care responsive to the extent feasible. It builds on the project cycle framework from project identification and preparation stage to the appraisal and approval stage; the project implementation stage to finalizing the Project Completion Report (PCR) and impact evaluation. The

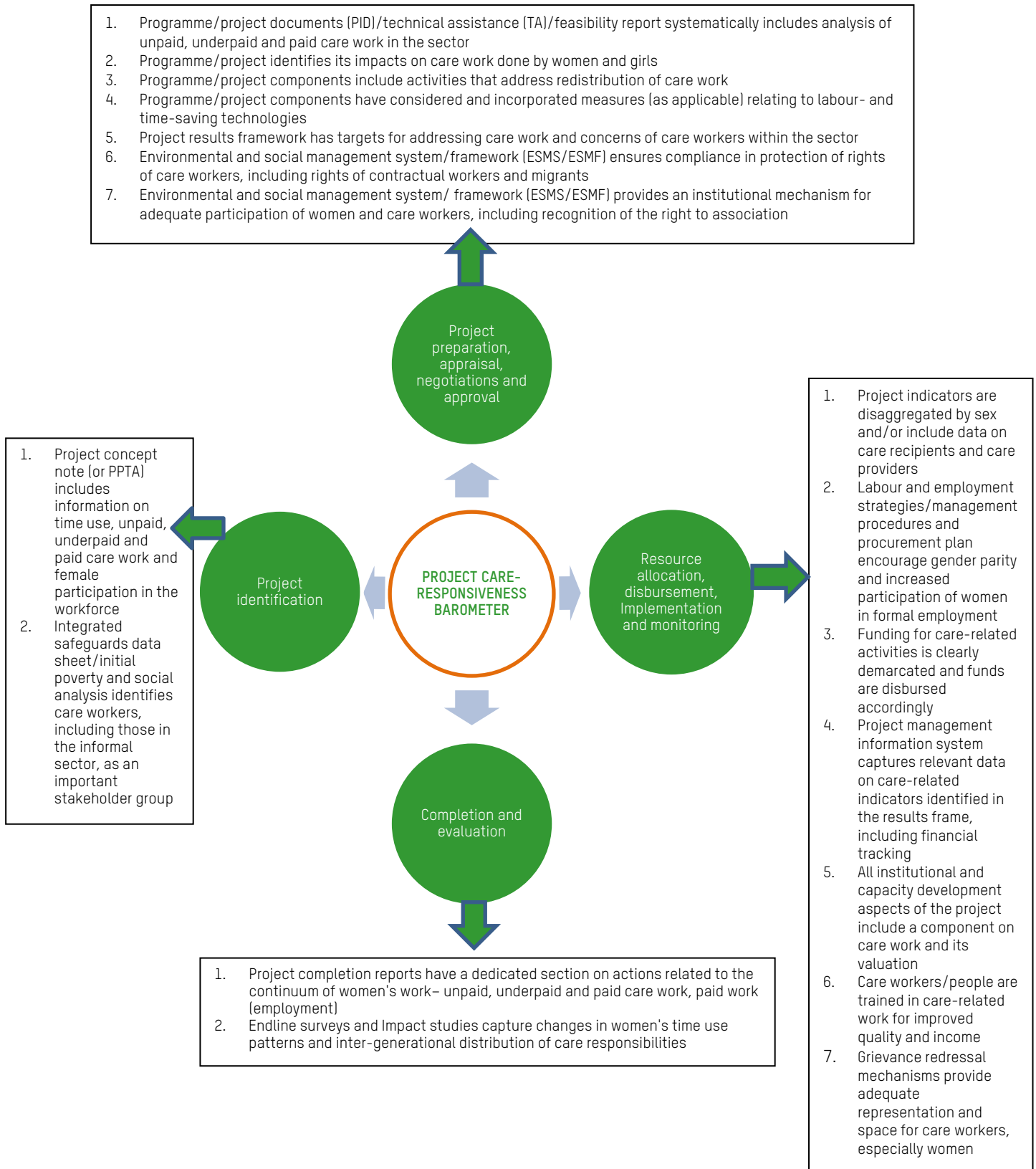
project-level framework has been especially developed for the project staff to check possible violations of 'care' and integration of unpaid and underpaid/paid care work across all investments.

The indicator framework builds on four key project cycle dimensions of the World Bank, including:

- a) **Project identification:** Ensuring that the initial project documents developed in consultation with the national government incorporate information on time-use and care work patterns.
- b) **Project preparation, appraisal, negotiations and approval:** Review of multiple project documents for inclusion of a care perspective, especially the Project Information Document (PID), Project/Programme Preparatory Technical Assistance (PPTA), Technical Assistance Report, Feasibility Report, the Environment and Social Management Framework (ESMF), Poverty and Social Analysis note, etc.
- c) **Resource allocation, disbursement, implementation and monitoring:** Focus on sex-disaggregated and care-responsive indicators and capacity building.
- d) **Completion and evaluation:** Review of the impact of the project on time use and care work in PCRs and end-line studies.

Each of these dimensions is further divided into multiple indicators. The overall framework consists of 18 indicators covering the '5 Rs' – recognize, redistribute, reduce, reward and represent.

**Figure B: Project-level indicator framework**



# SCORING METHODOLOGY

**Step 1. Data gathering.** The project-level checklist from the Care Principles and Barometer toolkit was used to understand how the project design impacts the unpaid and underpaid/paid care work undertaken by women. A review of key project documents – especially the Project Information Document (PID), the Project Appraisal Document, the Results Framework Document, the Environmental and Social Assessment Framework (with a special focus on labour management procedure) and the Stakeholder Engagement Plan – was undertaken to populate the checklist. The checklist with project responses is available in Appendix 4.

**Step 2: Indicator assessment.** The project-level tip sheet (see Appendix 5) was used to score the project on each of the indicators. The tip sheet provides for detailed objective criteria which should be used to score each indicator. The scoring used the following assessment system:

1 point	3 points	5 points
Missing minimum standards	Approaching minimum standards	Satisfies minimum requirements

**Step 3: Indicator scoring.** The project-level scoring sheet was used to fill in the scores for each indicator in an excel template to support the calculation of the final rating. The results were calculated using the using the process described in Table A below.

**Table A: How the scores were calculated**

<i>For each parameter (project cycle dimension or 5R indicator) the maximum possible score was calculated</i>	<p>Maximum possible score: Total number of sub-indicators included under the parameter multiplied by maximum score per indicator (3 points). For example, Indicator 2 has four sub-indicators. So the maximum possible score would be: <math>4 \times 3 = 12</math></p>		
<i>The actual score for each parameter (project cycle dimension or 5R indicator) was calculated</i>	<p>Actual score: Aggregate (sum total) of scores of all sub-indicators included under the parameter. So, if the scores on the four sub-indicators are 2,2,0,0, then the actual score would be: <math>2+2+0+0 = 4</math></p>		
<i>The care-responsiveness score for each parameter (project cycle dimension or 5R indicator) was calculated</i>	<p>Care-responsiveness score for each parameter: Actual score divided by maximum possible score. So, in the above example for Indicator 2, the care-responsiveness score would be: <math>4/12 = 0.33</math></p>		
<i>A composite three-signal color code was used to indicate the level of care-responsiveness</i>	0 – 0.33	0.34 – 0.66	0.67 – 1.0
	Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements
	<p>Thus, the care-responsiveness of Indicator 2: Measures to redistribute care work, at 0.33, places it as 'Missing minimum requirements'.</p>		
	0 – 0.33		
	Missing minimum requirements		

<p><i>The overall care-responsiveness score for each project was calculated</i></p>	<p>The total score for the project/loan is the unweighted average of care-responsiveness scores across all project dimensions.</p>
<p><i>The care-responsive budget for each project was calculated</i></p>	<p>Given the project budget data constraints, a proxy method was used to calculate the care-responsive budget for each project.</p> <p>This was based on the care-responsiveness score for the entire project.</p> <p>For example, if project A's investment cost is \$100m and the overall care-responsiveness score is 0.66, the care budget will be 66% of the total project cost.</p>

## APPENDIX 4: PROJECT-LEVEL CHECKLIST AND PROJECT RESPONSES

No.	Question	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
1.	<i>Does the project social and gender analysis include time-use data and/or care analysis?</i>	Y	N	Y	N	N	Y	Y	N	N	N	Y	Y
2.	<i>Does the project scope and/or objectives include reduction, rewarding or redistribution of care work?</i>	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y
3.	<i>Does the project recognize/include unpaid and/or underpaid/paid care workers as intended beneficiaries?</i>	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
4.	<i>Does the project Integrated Safeguard Datasheet/Stakeholder Engagement Plan/Initial Poverty and Social Analysis/Consultation Process recognize informal workers as stakeholder groups for consultations?</i>	N	N	N	Y	Y	Y	Y	N	Y	Y	Y	N
5.	<i>Does the project Integrated Safeguard datasheet/Initial Poverty and Social Analysis/Consultation Process recognize women as a stakeholder group for consultations?</i>	N	N	N	N	N	Y	Y	Y	Y	Y	Y	Y
6.	<i>Does the project Integrated Safeguard datasheet/Initial Poverty and Social Analysis/Consultation Process recognize paid and/or unpaid care workers (women and girls) as stakeholder groups for consultations?</i>	N	N	N	Y	Y	Y	Y	Y	Y	N	Y	Y
7.	<i>Does the Programme Document/Project Information Document (PID)/Technical Assistance/Feasibility Report include gendered time-use pattern analysis?</i>	N	N	N	N	N	Y	Y	N	N	N	Y	N

No.	Question	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
8.	<i>Does the Programme/ (PID)/Technical Assistance/Feasibility Report include gendered work pattern/gender roles analysis?</i>	Y	N	N	N	N	Y	Y	N	Y	Y	Y	Y
9.	<i>Does the Programme/ (PID)/Technical Assistance/Feasibility Report include gendered infrastructure usage analysis?</i>	N	N	Y	Y	N	Y	Y	N	Y	N	Y	N
10.	<i>Does the project identify the impact on the care work of women and girls?</i>	Y	N	N	N	Y	Y	Y	N	N	Y	Y	N
11.	<i>Will the project increase the care workload/responsibilities of women and girls?</i>	N	N	N	Y	N	N	N	N	N	N	N	N
12.	<i>Will the project decrease the care workload/responsibilities of women and girls?</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y
13.	<i>Are there specific components within the project which promote care policy reforms?</i>	Y	N	N	N	N	Y	Y	N	N	Y	N	Y
14.	<i>Is there a component for enabling universal public service delivery of the care work?</i>	N	Y	N	Y	Y	Y	N	N	N	N	N	N
15.	<i>Is there a component for bringing unpaid care work into the paid portfolio?</i>	Y	N	N	N	N	Y	Y	N	N	N	N	N
16.	<i>Is there a component for sensitizing men and boys to take up care work?</i>	N	N	N	N	N	Y	N	N	N	N	Y	N
17.	<i>Is there a component for sensitizing family members of care workers to share their care work?</i>	N	N	N	N	N	Y	N	N	N	N	N	N
18.	<i>Does the project review the workload on women, especially their unpaid care work?</i>	N	N	N	N	N	N	N	N	N	N	Y	N
19.	<i>Is there a component for time-saving technology/equipment in care work?</i>	N	N	Y	Y	N	Y	Y	N	Y	N	N	N
20.	<i>Is there a component for labour-saving technology/equipment in care work?</i>	N	N	N	N	N	Y	Y	N	N	N	Y	N

No.	Question	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
21.	<i>Is there a component for skill building to reduce care workload?</i>	N	N	N	Y	N	Y	N	N	N	Y	Y	Y
22.	<i>Does the project have a result indicator for reducing women's workload and responsibilities in unpaid care work?</i>	N	N	N	N	N	Y	Y	N	Y	N	N	N
23.	<i>Does the project have a result indicator for introducing social protection measures for unpaid care work provided by women and girls?</i>	N	N	N	N	N	N	N	N	N	Y	N	N
24.	<i>Does the project have a result indicator for redistribution of unpaid care work across genders?</i>	N	N	N	N	N	Y	N	N	N	N	N	N
25.	<i>Does the project have a result indicator for increased public spending/investment for care-related policies and programmes?</i>	N	N	N	N	N	Y	Y	Y	N	N	N	N
26.	<i>Does the project have a result indicator for curtailing user fees in care-related sectors?</i>	N	N	N	N	N	Y	N	N	N	N	N	N
27.	<i>Does the project have a result indicator for promoting more small businesses in the care sector?</i>	N	N	N	N	N	Y	Y	N	N	N	N	N
28.	<i>Does the project have a result indicator for promoting more jobs in the care sector?</i>	Y	N	N	N	N	Y	N	N	N	N	N	N
29.	<i>Does the project have a result indicator for increased decent work and social protection of care workers?</i>	N	N	Y	N	N	Y	N	N	N	Y	N	N
30.	<i>Does the project environment and social assessment/analysis/safeguard/management frameworks (ESMS/ESMF) ensure minimum and equal wages for men and women workers?</i>	Y	N	N	N	N	Y	Y	Y	Y	Y	Y	N
31.	<i>Does the project ESMS/ESMF ensure that care workers are not pushed more into casual, part-time or voluntary (honorary-based) work?</i>	N	N	Y	N	Y	Y	N	N	N	Y	Y	Y

No.	Question	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
32.	<i>Does the project ESMS/ESMF provide for social protection measures for all care workers, irrespective of their contractual status?</i>	N	N	Y	N	Y	Y	N	N	N	Y	N	N
33.	<i>Is there a provision in the project ESMS/ESMF for protecting the rights of migrant workers?</i>	Y	N	Y	N	N	Y	N	N	Y	Y	N	N
34.	<i>Are women involved in key decisions related to infrastructure design/service provisioning?</i>	N	N	N	N	N	N	Y	Y	Y	Y	Y	Y
35.	<i>Are care workers being involved in key decisions related to project planning/service provisioning?</i>	N	N	N	N	N	N	Y	Y	N	N	N	N
36.	<i>Does the project ESMS/ESMF recognize and safeguard the right to association for care workers?</i>	N	N	N	N	N	N	N	N	N	N	N	N
37.	<i>Does the project ESMS/ESMF recognize care workers associations (unions and cooperatives) as stakeholders in policy reform dialogue?</i>	N	N	N	N	N	N	N	Y	N	N	N	N
38.	<i>Are the project indicators (participant data) disaggregated by sex?</i>	Y	N	Y	Y	N	N	N	Y	Y	Y	Y	N
39.	<i>Does the project indicator include data on care recipients and care providers?</i>	N	N	N	Y	N	Y	Y	N	N	Y	N	N
40.	<i>Does the project Labour and Employment Strategy/Labour Management Plan (LMP) encourage and support participation of women?</i>	N	N	Y	N	N	Y	N	Y	Y	Y	Y	Y
41.	<i>Is there a focus on equal remuneration and protection from sexual harassment at workplace for women?</i>	Y	N	N	N	N	Y	Y	Y	Y	Y	Y	Y
42.	<i>Does the procurement plan promote and encourage participation of women contractors?</i>	N	N	N	N	N	Y	N	N	N	N	N	N
43.	<i>Does the project appraisal document specify care-related activities?</i>	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	N

No.	Question	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
44.	<i>Are the care-related activities budgeted as separate line items?</i>	N	N	N	N	N	Y	N	N	N	N	N	N
45.	<i>Does the project Management Information System (MIS) capture the physical progress on care-related activities?</i>	Y	N	N	N	N	Y	Y	N	Y	Y	N	N
46.	<i>Does the project MIS capture the financial progress on care-related activities?</i>	N	N	N	N	N	N	N	N	N	N	N	N
47.	<i>Does the project include a focused training/information, education and communication (IEC) component on care sensitization and care-responsive public policies?</i>	N	N	N	N	N	Y	N	Y	Y	N	N	N
48.	<i>Are the project's existing training/IEC components customized to include care sensitization and care-responsive public policies?</i>	N	N	N	N	N	Y	N	Y	Y	N	N	N
49.	<i>Is there budget provision for care-related trainings and workshops for policy makers and project implementers?</i>	N	N	N	N	N	Y	N	Y	Y	N	N	N
50.	<i>Is there a provision for trainings and capacity building of care workers?</i>	N	N	Y	Y	Y	Y	N	N	N	Y	N	Y
51.	<i>Is there a provision for trainings and capacity building of other women as paid care workers?</i>	N	N	N	N	N	N	N	N	N	N	N	Y
52.	<i>Does the project grievance redressal mechanism (committees) include representation from women's groups?</i>	N	N	N	N	N	N	Y	N	N	Y	Y	N
53.	<i>Does the project grievance redressal mechanism (committees) include representation of care workers (or care workers associations)?</i>	N	N	N	Y	N	N	Y	N	N	Y	N	N
54.	<i>Does the project grievance redressal mechanism (committees) include representation of female care workers (or care workers associations)?</i>	N	N	N	N	N	N	Y	N	N	N	N	N
55.	<i>Does the project grievance redressal mechanism focus on gender-based violence (GBV)?</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

No.	Question	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
56.	<i>Does the project grievance redressal mechanism focus on protection of labour rights?</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
57.	<i>Does the project grievance redressal mechanism focus on working conditions of care workers?</i>	N	N	N	N	Y	Y	N	N	Y	N	N	Y
58.	<i>Does the Project Completion Report (PCR) have a dedicated section on impact on women's unpaid care work?</i>	N	N	N	N	N	Y	N	Y	Y	N	N	N
59.	<i>Does the PCR have a dedicated section on impact on women's paid care work?</i>	N	N	N	N	N	Y	N	N	Y	N	N	N
60.	<i>Does the PCR have a dedicated section on impact on women's employment (paid work)?</i>	N	N	N	N	N	Y	N	N	Y	N	N	N
61.	<i>Is the beneficiary satisfaction survey planned to be sex-disaggregated?</i>	N	N	N	N	N	N	N	Y	Y	Y	Y	N
62.	<i>Does the beneficiary satisfaction survey cover care work reduction and redistribution parameters?</i>	N	N	N	N	N	N	N	N	Y	N	N	N
63.	<i>Does the end-line survey/impact study terms of reference include the need to capture gender impacts?</i>	N	N	Y	Y	N	Y	N	Y	Y	Y	Y	N
64.	<i>Does the end-line survey/impact study terms of reference include the need to capture changes in time-use patterns and intergenerational distribution of care responsibilities?</i>	N	N	Y	N	N	N	N	N	Y	N	N	N

# APPENDIX 5: PROJECT-LEVEL TIP SHEET

## 1. PROJECT IDENTIFICATION

Indicator 1.1 Project Concept Note/Project Preparatory Technical Assistance (PPTA) includes information on time use, unpaid and underpaid/paid care work and labour force participation		
<i>Missing minimum requirements</i>	<i>Approaches minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Meets none of the following:</p> <ul style="list-style-type: none"> <li>a) Project social and gender analysis includes time-use data and/or care analysis</li> <li>b) Project scope and/or objectives include reduction, rewarding or redistribution of care work</li> <li>c) Project recognizes/includes underpaid/paid and/or unpaid care workers as intended target groups</li> </ul>	<p>Meets any one of the following:</p> <ul style="list-style-type: none"> <li>a) Project social and gender analysis includes time-use data and/or care analysis</li> <li>b) Project scope and/or objectives include reduction, rewarding or redistribution of care work</li> <li>c) Project recognizes/includes underpaid/paid and/or unpaid care workers as intended target groups</li> </ul>	<p>Meets two or more of the following:</p> <ul style="list-style-type: none"> <li>a) Project social and gender analysis includes time-use data and/or care analysis</li> <li>b) Project scope and/or objectives include reduction, rewarding or redistribution of care work</li> <li>c) Project recognizes/includes underpaid/paid and/or unpaid care workers as intended target groups</li> </ul>
Indicator 1.2 Integrated Safeguard Data Sheet or initial poverty and social analysis identifies care workers, including those in informal sector, as an important stakeholder group		
<i>Missing minimum requirements</i>	<i>Approaches minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Includes none of the following as stakeholder group for consultations:</p> <ul style="list-style-type: none"> <li>a) Informal workers</li> <li>b) Women</li> <li>c) Underpaid/paid care workers</li> <li>d) Unpaid care workers</li> </ul>	<p>Includes any one or both of the following as a stakeholder group for consultations:</p> <ul style="list-style-type: none"> <li>a) Informal workers</li> <li>b) Women</li> </ul>	<p>Includes any one or both of the following as a stakeholder group for consultations:</p> <ul style="list-style-type: none"> <li>a) Paid care workers</li> <li>b) Underpaid/unpaid care workers</li> </ul>

## 2. PROJECT PREPARATION, APPRAISAL, NEGOTIATIONS AND APPROVAL

<b>Indicator 2.1 Programme/Project Information Documents (PIDs)/Technical Assistance/Feasibility Report systematically include analysis of unpaid and underpaid/paid care work in the sector</b>		
<i>Missing minimum requirements</i>	<i>Approaches minimum requirements</i>	<i>Satisfies minimum requirements</i>
Includes none of the following: a) Gendered time-use patterns b) Gendered work patterns/gender roles c) Gendered infrastructure usage	Includes any one of the following: a) Gendered time-use patterns b) Gendered work patterns/gender roles c) Gendered infrastructure usage	Includes two or more of the following: a) Gendered time-use patterns b) Gendered work patterns/gender roles c) Gendered infrastructure usage
<b>Indicator 2.2 Programme/project identifies its impact on the care work of women and girls</b>		
<i>Missing minimum requirements</i>	<i>Approaches minimum requirements</i>	<i>Satisfies minimum requirements</i>
The project does not identify its impact on the care work of women and girls	The project analyses its impact on the care workload of women and girls and might increase this	The project analyses its impact on the care workload of women and girls and will decrease this
<b>Indicator 2.3 Programme/project components include activities that address redistribution of care work</b>		
<i>Missing minimum requirements</i>	<i>Approaches minimum requirements</i>	<i>Satisfies minimum requirements</i>
Includes none of the following: a) Promotion of care-policy reforms b) Universal public service delivery of care work c) Bringing care work into the paid portfolio d) Sensitizing men and boys to take up care work e) Sensitizing family members of care workers	Includes any one of the following: a) Promotion of care policy reforms b) Universal public service delivery of care work c) Bringing care work into the paid portfolio d) Sensitizing men and boys to take up care work e) Sensitizing family members of care workers	Includes two or more of the following: a) Promotion of care policy reforms b) Universal public service delivery of care work c) Bringing care work into the paid portfolio d) Sensitizing men and boys to take up care work e) Sensitizing family members of care workers

<b>Indicator 2.4 Programme/project has considered and incorporated measures (as applicable) on labour and time-saving technologies</b>		
<i>Missing minimum requirements</i>	<i>Approaches minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Includes none of the following:</p> <ul style="list-style-type: none"> <li>a) Review of workload on women, especially their unpaid care work</li> <li>b) Time-saving technology/equipment promotion</li> <li>c) Labour-saving technology/equipment promotion</li> <li>d) Skill building of care workers to reduce care workload</li> </ul>	<p>Includes any one of the following:</p> <ul style="list-style-type: none"> <li>a) Review of workload on women, especially their unpaid care work</li> <li>b) Time-saving technology/equipment promotion</li> <li>c) Labour-saving technology/equipment promotion</li> <li>d) Skill building of care workers to reduce care workload</li> </ul>	<p>Includes two or more of the following:</p> <ul style="list-style-type: none"> <li>a) Review of workload on women, especially their unpaid care work</li> <li>b) Time-saving technology/equipment promotion</li> <li>c) Labour-saving technology/equipment promotion</li> <li>d) Skill building of care workers to reduce care workload</li> </ul>
<b>Indicator 2.5 Project Results Framework Document (RFD) has targets for addressing care work and care workers' concerns within the sector</b>		
<i>Missing minimum requirements</i>	<i>Approaches minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>RFD includes none of the following:</p> <ul style="list-style-type: none"> <li>a) Reducing women's workload in unpaid care work</li> <li>b) Social protection measures for unpaid work provided by women and girls</li> <li>c) Redistribution of care work across genders</li> <li>d) Increased public spending/investment in care-related policies and programmes</li> <li>e) Curtailing of user fees in care-related sectors</li> <li>f) Promoting small businesses in the care sector</li> <li>g) Promoting more jobs in the care sector</li> <li>h) Increased decent work and social protection of care workers</li> </ul>	<p>RFD includes any one of the following:</p> <ul style="list-style-type: none"> <li>a) Reducing women's workload in unpaid care work</li> <li>b) Social protection measures for unpaid work provided by women and girls</li> <li>c) Redistribution of care work across genders</li> <li>d) Increased public spending/investment in care-related policies and programmes</li> <li>e) Curtailing of user fees in care-related sectors</li> <li>f) Promoting small businesses in the care sector</li> <li>g) Promoting more jobs in the care sector</li> <li>h) Increased decent work and social protection of care workers</li> <li>i) Skill building of women for increased employment/income-generation options</li> </ul>	<p>RFD includes two or more of the following:</p> <ul style="list-style-type: none"> <li>a) Reducing women's workload in unpaid care work</li> <li>b) Social protection measures for unpaid work provided by women and girls</li> <li>c) Redistribution of care work across genders</li> <li>d) Increased public spending/investment in care-related policies and programmes</li> <li>e) Curtailing of user fees in care-related sectors</li> <li>f) Promoting small businesses in the care sector</li> <li>g) Promoting more jobs in the care sector</li> </ul>

i) Skill building of women for increased employment/income-generation options		h) Increased decent work and social protection of care workers i) Skill building of women for increased employment/income-generation options
<b>Indicator 2.6 Environment and Social Management System/Framework (ESMS/ESMF) ensures compliance in protection of rights of care workers, including that of contractual workers and migrants</b>		
<i>Missing minimum requirements</i>	<i>Approaches minimum requirements</i>	<i>Satisfies minimum requirements</i>
Includes one of the following: a) Ensuring minimum and equal wages for men and women b) Promoting regular (not casual/part-time/voluntary) jobs for care workers c) Providing social protection for care workers irrespective of their contractual status d) Covering care workers under collective bargaining agreements e) Protection of rights of migrant workers	Includes any two of the following: a) Ensuring minimum and equal wages for men and women b) Promoting regular (not casual/part-time/voluntary) jobs for care workers c) Providing social protection for care workers irrespective of their contractual status d) Covering care workers under collective bargaining agreements e) Protection of rights of migrant workers	Includes three or more of the following: a) Ensuring minimum and equal wages for men and women b) Promoting regular (not casual/part-time/voluntary) jobs for care workers c) Providing social protection for care workers irrespective of their contractual status d) Covering care workers under collective bargaining agreements e) Protection of rights of migrant workers
<b>Indicator 2.7 Environment and Social Management System/Framework (ESMS/ESMF) provides an institutional mechanism for adequate participation of women and care workers, including recognizing the right to association</b>		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Includes one of the following: a) Involves women in key project decision making b) Involves care workers in key decisions related to service delivery c) Recognizes and safeguards the right to association for care workers	Includes any two of the following: a) Involves women in key project decision making b) Involves care workers in key decisions related to service delivery c) Recognizes and safeguards the right to association for care workers	Includes three or more of the following: a) Involves women in key project decision making b) Involves care workers in key decisions related to service delivery c) Recognizes and safeguards the right to association for care workers

d) Recognizes care workers associations as stakeholders in policy reform dialogue	d) Recognizes care workers associations as stakeholders in policy reform dialogue	d) Recognizes care workers associations as stakeholders in policy reform dialogue
---	---	---

### 3. RESOURCE ALLOCATION, DISBURSEMENT, IMPLEMENTATION AND MONITORING

Indicator 3.1 Project indicators are sex-disaggregated and/or include data on care recipients and care providers		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
a) Project indicators are not disaggregated by sex; and b) Data on care providers and care recipients is not included	Project indicators are disaggregated by sex; but Data on care providers and care recipients is not included	Project indicators are disaggregated by sex; and Data on care providers and care recipients is included
Indicator 3.2 Labour and Employment Strategy/Labour Management Procedure (LMP) and Procurement Plan encourage gender parity and increased participation of women in formal employment		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Do not recognize the participation of women in the labour force	Recognize women’s participation and but no proactive support measures are there, except for the mandatory equal remuneration and protection from sexual harassment at workplace	Any one of the following: a) Include proactive measures other than the mandatory elements b) Procurement Plan promotes and encourages participation of women contractors
Indicator 3.3 Funding for care-related activities is clearly demarcated and funds disbursed accordingly		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
This indicator is not applicable to the project	Care-related activities are identified but not budgeted as separate line items in the budget sheet OR The project has been reviewed from a care perspective and no separate budget for care-related activities (line items) is identified in the project	Budget for care-related activities is clearly demarcated to be disbursed accordingly

<b>Indicator 3.4 Project MIS captures relevant data on care-related indicators identified in the results frame, including financial tracking</b>		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Project MIS does not capture physical or financial progress	Project MIS captures only physical or financial progress	Project MIS captures physical and financial progress
<b>Indicator 3.5 All institutional and capacity-development aspects of the project include a component on care work and its valuation</b>		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Technical Assistance includes none of the following: <ul style="list-style-type: none"> <li>a) Focused trainings on care sensitization and care-responsive public policies</li> <li>b) Inclusion of a care perspective in other project trainings and capacity-building activities</li> <li>c) IEC to promote sensitivity on care work</li> <li>d) Focused capacity building (with budget) on care work for policy makers and project implementers</li> </ul>	Technical Assistance includes one of the following: <ul style="list-style-type: none"> <li>a) Focused trainings on care sensitization and care-responsive public policies</li> <li>b) Inclusion of a care perspective in other project trainings and capacity-building activities</li> <li>c) IEC to promote sensitivity on care work</li> <li>d) Focused capacity building (with budget) on care work for policy makers and project implementers</li> </ul>	Technical Assistance includes two or more of the following: <ul style="list-style-type: none"> <li>a) Focused trainings on care sensitization and care-responsive public policies</li> <li>b) Inclusion of a care perspective in other project trainings and capacity-building activities</li> <li>c) IEC to promote sensitivity on care work</li> <li>d) Focused capacity building (with budget) on care work for policy makers and project implementers</li> </ul>
<b>Indicator 3.6 Care workers/people trained in care-related works for improved quality and income</b>		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
There is no provision for training and capacity building on care-related works Or This indicator is not applicable to the project	There is provision (including budget) for training and capacity building of existing paid formal sector care workers (e.g. teachers, nurses) within the project	There is provision (including budget) for training and capacity building of existing paid care workers as well as for other women to enable more paid care work options

<b>Indicator 3.7 Grievance redressal mechanisms provide adequate representation and space for care workers, especially female care workers</b>		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Meets one of the following:</p> <ul style="list-style-type: none"> <li>a) Grievance redressal committee includes representation from local CSO/women’s group</li> <li>b) Grievance redressal focuses on gender-based violence</li> <li>c) Grievance redressal focuses on protection of labour rights</li> <li>d) Grievance redressal focuses on working conditions</li> </ul>	<p>Meets two of the following:</p> <ul style="list-style-type: none"> <li>a) Grievance redressal committee includes representation of care workers and their associations</li> <li>b) Grievance redressal focuses on gender-based violence</li> <li>c) Grievance redressal focuses on protection of labour rights</li> <li>d) Grievance redressal focuses on working conditions</li> </ul>	<p>Meets all of the following:</p> <ul style="list-style-type: none"> <li>a) Grievance redressal committee includes representation of female care workers and their associations</li> <li>b) Grievance redressal focuses on gender-based violence</li> <li>c) Grievance redressal focuses on protection of labour rights</li> <li>d) Grievance redressal focuses on working conditions</li> </ul>

## 4. COMPLETION AND EVALUATION

<b>Indicator 4.1 Project Completion Report (PCR) has a dedicated section on action related to women's work continuum – unpaid care work, underpaid/paid care work, paid work (employment)</b>		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
PCR does not include any of the following: <ul style="list-style-type: none"> <li>a) Women's unpaid care work</li> <li>b) Women's underpaid/paid care work (care workers)</li> <li>c) Women's employment</li> </ul>	PCR includes data on any one of the following: <ul style="list-style-type: none"> <li>a) Women's unpaid care work</li> <li>b) Women's underpaid/paid care work (care workers)</li> <li>c) Women's employment</li> </ul>	PRR has a dedicated section including all of the following: <ul style="list-style-type: none"> <li>a) Women's unpaid care work</li> <li>b) Women's underpaid/paid care work (care workers)</li> <li>c) Women's employment</li> </ul>
<b>Indicator 4.2 End-line surveys and impact studies capture changes in women's time-use patterns and intergenerational distribution of care responsibilities</b>		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Meets either of the following: <ul style="list-style-type: none"> <li>a) Stakeholder satisfaction survey is disaggregated by sex but does not include information on care responsibilities</li> <li>b) End-line survey and impact study Terms of Reference (ToR) include capture of gender impacts</li> </ul>	Meets both of the following: <ul style="list-style-type: none"> <li>a) Stakeholder satisfaction survey is disaggregated by sex but does not include information on care responsibilities</li> <li>b) End-line survey and impact study ToR include capture of gender impacts</li> </ul>	Meets all of the following: <ul style="list-style-type: none"> <li>a) Stakeholder satisfaction survey is disaggregated by sex and also includes information on care responsibilities</li> <li>b) End-line survey and impact study ToR include capture of gender impacts on time use and sharing of care responsibilities</li> </ul>

# APPENDIX 6: SCORING SHEET AND PROJECT RESULTS ACROSS ALL INDICATORS

Project cycle dimension	Target 'R'	Indicators	P1	P2	P3	P4	P5	P6	P7	P8	P9	P 10	P 11	P 12
<i>Project identification</i>	R1	Indicator 1.1 Project Concept Note (or PPTA) includes information on time use, unpaid and underpaid/paid care work and labour force participation	5	1	3	5	5	5	5	5	3	5	5	5
	R5	Indicator 1.2 Integrated Safeguard Data Sheet or Initial Poverty and Social Analysis identifies care workers, including those in the informal sector, as an important stakeholder group	1	1	1	3	3	5	5	3	5	3	5	3
<i>Project preparation, appraisal, negotiations and approval</i>	R1	Indicator 2.1 Programme/Project Information Documents (PIDs)/Technical Assistance/Feasibility Report systematically include analysis of unpaid and underpaid/paid care work in the sector	3	1	3	3	1	5	5	1	5	3	5	3
	R2	Indicator 2.2 Programme/project identifies its impact on care work of women and girls	5	3	1	1	1	5	5	1	3	5	3	1
	R2	Indicator 2.3 Programme/project components include activities that address redistribution of care work	5	3	1	3	3	5	1	1	1	3	3	3
	R3	Indicator 2.4 Programme/project components/programme/project has considered and incorporated measures (as applicable) on labour- and time-saving technologies	1	1	3	5	1	5	5	1	3	3	5	3
	R4	Indicator 2.5 Project Results Framework has targets for addressing care work and care workers' concerns within the sector	3	1	3	1	1	5	5	3	3	5	1	1
	R4	Indicator 2.6 Environment and Social Assessment/Analysis/Management System/Framework	3	1	3	1	3	5	1	1	3	5	3	1

		(ESMS/ESMF) ensures compliance in protection of rights of care workers, including contractual workers and migrants												
	R5	Indicator 2.7 ESMS/ESMF provides an institutional mechanism for adequate participation of women and care workers, including recognizing the right to association	1	1	1	1	1	1	3	3	1	1	1	3
<i>Resource allocation, disbursement, implementation and monitoring</i>	R1	Indicator 3.1 Project indicators are sex-disaggregated and/or include data on care recipients and care providers	3	1	3	5	1	3	3	3	3	5	3	1
	R2	Indicator 3.2 Project Labour and Employment Strategy/Labour Management Plan (LMP) encourages gender parity and increased participation of women in formal employment	3	1	3	1	1	5	3	5	5	3	3	3
	R3	Indicator 3.3 Funding for care-related activities is clearly demarcated, and funds disbursed accordingly	3	1	1	3	3	5	3	3	3	3	1	1
	R3	Indicator 3.4 Project MIS captures relevant data on care-related indicators identified in the results frame, including financial tracking	3	1	1	1	1	3	3	1	3	3	1	1
	R2	Indicator 3.5 All institutional and capacity-development aspects of the project include a component on care work and its valuation	1	1	1	1	1	5	1	5	5	1	3	1
	R4	Indicator 3.6 Care workers/people trained in care-related works for improved quality and income	1	1	3	3	3	3	1	1	1	3	1	3
	R5	Indicator 3.7 Grievance redressal mechanisms provide adequate representation and space for care workers, especially female care workers	1	3	3	3	3	3	3	3	3	3	3	3
<i>Completion and evaluation</i>	R1	Indicator 4.1 Project Completion Reports have a dedicated section on actions related to women's work continuum – unpaid care work, underpaid/paid care work, paid work (employment)	1	1	1	1	1	5	1	3	5	1	1	1
	R1	Indicator 4.2 End-line surveys and impact studies capture changes in women's time-use pattern and intergenerational distribution of care responsibilities	1	1	3	1	1	1	1	3	5	3	3	1

# BIBLIOGRAPHY

- ActionAid. (2015). *The recognition and redistribution of unpaid care work: a case study from Bangladesh*.
- Addati A., et al. (2018). *Care work and Care jobs for the Future of Decent Work*. International Labour Organization. Retrieved from [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_633135.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf)
- Bibler, S. and Zuckerman, E. (2013). *The care connection: The World Bank and women's unpaid care work in select sub-Saharan African countries*. UNU- WIDER Working Paper No. 2013/131. Retrieved from <https://www.genderaction.org/carereport.pdf>
- Bretton Woods Project. (2019). *The World Bank and gender equality: Development Policy Financing*. Retrieved from <https://www.brettonwoodsproject.org/wp-content/uploads/2019/08/The-World-Bank-and-Gender-Equality-DPF-2.pdf>
- Chauhan, D. and Bist Joshi, S. (2021). *Care Principles and Care Responsiveness Barometer: Guidelines and toolkit for international financial institutions (IFIs)*. Oxfam. <https://policy-practice.oxfam.org/resources/care-principles-and-care-responsive-barometer-guidelines-and-toolkit-for-intern-621303/>. DOI: 10.21201/2021.8175
- Coffey, C., et al. (2020). *Feminist Futures: Caring for people, caring for justice and rights*. Oxfam. Retrieved from <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621046/dp-feminist-futures-caring-people-justice-rights-140920-en.pdf?sequence=13>
- Coffey, C., et al. (2020). *Time to Care: Unpaid and underpaid care work and the global inequality crisis*. Oxfam. Retrieved from <https://www.oxfam.org/en/research/time-care>
- Congressional Research Service (CRS). (2020). *COVID-19: Role of the International Financial Institutions*. [https://www.everycrsreport.com/files/20200504\\_R46342\\_b2edaa0469f0ca126705472bbb05e0c00297fcee.pdf](https://www.everycrsreport.com/files/20200504_R46342_b2edaa0469f0ca126705472bbb05e0c00297fcee.pdf)
- Chopra D., et al. (n.d.). *A Trapeze Act: Balancing Unpaid Care Work and Paid Work by Women in Nepal*. <https://www.wocan.org/sites/default/files/Balancing%20Unpaid%20Care%20Work%20and%20Paid%20Work%20by%20Women%20in%20Nepal.pdf>
- De Henau, J. and Himmelweit, S. (2020). *A Care-Led Recovery from Coronavirus: The case for investment in care as a better post-pandemic economic stimulus than investment in construction*. Women's Budget Group. Retrieved from <https://wbg.org.uk/wp-content/uploads/2020/06/Care-led-recovery-final.pdf>
- De Henau, J.; Himmelweit, S.; and Perrons, D. (2017). *Investing in the Care Economy: Simulating employment effects by gender in countries in emerging economies*. Women's Budget Group and ITUC. Retrieved from [https://www.ituc-csi.org/IMG/pdf/care\\_economy\\_2\\_en\\_web.pdf](https://www.ituc-csi.org/IMG/pdf/care_economy_2_en_web.pdf)
- De Henau, J.; Himmelweit, S.; Łapniewska, Z.; and Perrons, D. (2016). *Investing in the Care Economy: A gender analysis of employment stimulus in seven OECD countries*. Women's Budget Group and ITUC. Retrieved from [https://www.ituc-csi.org/IMG/pdf/care\\_economy\\_en.pdf](https://www.ituc-csi.org/IMG/pdf/care_economy_en.pdf)
- Devercelli, A.E. and Beaton-Day, F. (2020). *Better Jobs and Brighter Futures: Investing in Childcare to Build Human Capital*. World Bank Group. Retrieved from <https://openknowledge.worldbank.org/bitstream/handle/10986/35062/Better-Jobs-and-Brighter-Futures-Investing-in-Childcare-to-Build-Human-Capital.pdf?sequence=5&isAllowed=y>
- Eurodad. [2021]. *The Policy Lending Doctrine: Development Policy Financing in the World Bank's Covid-19 Response*. [https://www.eurodad.org/the\\_policy\\_lending\\_doctrine](https://www.eurodad.org/the_policy_lending_doctrine)

- Government of Bangladesh. *Labour Force Survey, 2016-17. Bangladesh Statistics 2017*.  
[http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/a1d32f13\\_8553\\_44f1\\_92e6\\_8ff80a4ff82e/Bangladesh%20%20Statistics-2017.pdf](http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/a1d32f13_8553_44f1_92e6_8ff80a4ff82e/Bangladesh%20%20Statistics-2017.pdf)
- Government of Nepal (2020). *Economic Survey of Nepal 2019/20*.  
[https://www.mof.gov.np/uploads/document/file/Economic%20Survey%202019\\_20201125024153.pdf](https://www.mof.gov.np/uploads/document/file/Economic%20Survey%202019_20201125024153.pdf)
- Government of Nepal and ILO. (2019). *Report on the Nepal Labour Force Survey 2017/18*.  
[https://nepalindata.com/media/resources/items/20/bNLFS-III\\_Final-Report.pdf](https://nepalindata.com/media/resources/items/20/bNLFS-III_Final-Report.pdf)
- Government of the Philippines. (2020). *Republic Act No. 11469*.  
<https://www.officialgazette.gov.ph/2020/03/24/republic-act-no-11469/>
- McLaren, H.J.; Wong, K.R.; Nguyen, K.N.; and Mahamadachchi, K.N.D. (2020). *COVID-19 and Women's Triple Burden: Vignettes from Sri Lanka, Malaysia, Vietnam and Australia*. *Soc. Sci.* 2020, 9, 87.  
<https://doi.org/10.3390/socsci9050087>
- IFC. (2019). *Tackling Child Care: A guide for employer-supported childcare*. Retrieved from  
<https://www.ifc.org/wps/wcm/connect/da7fbf72-e4d9-4334-955f-671a104877a7/201911-A-guide-for-employer-supported-childcare.pdf?MOD=AJPERES&CVID=mVHadh3>
- IFC. (2019). *Creating Markets in Nepal: Country Private Sector Diagnostic (CPSD)*. Retrieved from  
<https://openknowledge.worldbank.org/handle/10986/31006>
- ILO. (2020). *COVID-19 labour market impact in the Philippines: Assessment and national policy responses*. [https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms\\_762209.pdf](https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms_762209.pdf)
- ILO Monitor. (2020). *COVID-19 and the world of work*. 3rd Edition, 29 April 2020.  
[https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms\\_743146.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_743146.pdf)
- ILO Monitor. (2021). *COVID-19 and the world of work*. Seventh edition. 25 January 2021.  
[https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms\\_767028.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_767028.pdf)
- Mott MacDonald. (2012). *Gender Impact of Public Private Partnerships*. International Finance Corporation. Retrieved from [https://ppp.worldbank.org/public-private-partnership/sites/ppp.worldbank.org/files/documents/PIDG-IFC\\_Gender%20Impact%20of%20Private%20Public%20Partnerships%20in%20Infrastructure.pdf](https://ppp.worldbank.org/public-private-partnership/sites/ppp.worldbank.org/files/documents/PIDG-IFC_Gender%20Impact%20of%20Private%20Public%20Partnerships%20in%20Infrastructure.pdf)
- National Economic and Development Authority (NEDA). (2018). *Determinants of Female Labor Force Participation in the Philippines*. See <https://2040.neda.gov.ph/>
- Philippines Development Plan 2017-22. <https://pdp.neda.gov.ph/wp-content/uploads/2021/02/Prepublication-Updated-PDP-2017-2022-as-of-Feb-10.pdf>
- Philippine Statistics Authority. (2020, June 5). *Updated 2015 and 2018 Full Year Official Poverty Statistics, Reference No. 2020-094*. Retrieved from <https://psa.gov.ph/content/employment-situation-april-2020>.
- Siddique, K. (2013). *A Case Study of Gender Responsive Budgeting in Bangladesh*. Commonwealth Secretariat.
- UN Commission on the Status of Women, sixty-first session.  
<https://www.unwomen.org/en/csw/previous-sessions/csw61-2017>
- UN Women. (2020, April 23). *Covid-19 and Gender: Rapid Self-Assessment Tool*. We Empower Asia. Retrieved from <https://asiapacific.unwomen.org/en/digital-library/publications/2020/05/covid-19-and-gender-rapid-self-assessment-tool>
- UN Women. (2020, May 8). *Nepal Gender Equality and Social Inclusion (GESI) Profile For COVID-19 Responses and Preparedness*. [https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/05/nepal%20gesi%20profile\\_updated%208%20may%202020\\_vr6-b\(004\).pdf?la=en&vs=1214](https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/05/nepal%20gesi%20profile_updated%208%20may%202020_vr6-b(004).pdf?la=en&vs=1214)

- UN Women. (2017). *Nepal Gender Equality and Social Inclusion (GESI) Profile For Humanitarian Action and Disaster Risk Reduction*. <https://asiapacific.unwomen.org/en/digital-library/publications/2017/09/nepal-gender-equality-and-social-inclusion-profile>
- UNDP COVID-19 Global Gender Response Tracker. <https://data.undp.org/gendertacker/>
- UNFPA. (2020). *COVID-19: A Gender Lens: Protecting sexual and reproductive health rights and promoting gender equality*. Retrieved from [https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_A\\_Gender\\_Lens\\_Guidance\\_Note.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf)
- United Nations. (2013). *Report on unpaid care work and human rights (A/68/293)*, submitted by the Special Rapporteur on extreme poverty and human rights. (2013). Retrieved from <https://socialprotection-humanrights.org/resource/report-of-the-special-rapporteur-on-extreme-poverty-and-human-rights-on-unpaid-care-a68293/>
- United Nations General Assembly. (2013). <https://undocs.org/A/68/293>
- WBG. (2019). *Systematic Country Diagnostic of the Philippines: Realizing the Filipino Dream for 2040*. Retrieved from <https://openknowledge.worldbank.org/handle/10986/32646>
- WBG. (2015). *Development Policy Financing Retrospective*. <https://www.worldbank.org/en/projects-operations/products-and-services/publication/dpfretrospective2015>
- WBG. (2015). *World Bank Group Gender Strategy (FY16-23): Gender Equality, Poverty Reduction and Inclusive Growth*. <https://openknowledge.worldbank.org/handle/10986/23425>
- WBG. (2017). *Bank Policy: Development Policy Financing*. <https://ppfdocuments.azureedge.net/b98d432b-7471-441b-9f39-36b7c380bd05.pdf>
- WBG. (2019). *World Bank Group Gender Strategy Midterm Review: An Assessment by the Independent Evaluation Group*. <https://ieg.worldbankgroup.org/sites/default/files/Data/Evaluation/files/GenderMidTermReview.pdf>
- WBG. (2020). *World Bank Group COVID-19 Crisis Response Approach Paper*. <https://documents1.worldbank.org/curated/en/136631594937150795/pdf/World-Bank-Group-COVID-19-Crisis-Response-Approach-Paper-Saving-Lives-Scaling-up-Impact-and-Getting-Back-on-Track.pdf>
- World Bank. (2018). *Making growth work for the poor: a poverty assessment for the Philippines*. <https://documents1.worldbank.org/curated/en/273631527594735491/pdf/126194-WP-REVISED-0U0-9.pdf>
- World Bank. (2018). *Promising progress: A diagnostic of water supply, sanitation, hygiene and poverty in Bangladesh*. <https://openknowledge.worldbank.org/handle/10986/29450>
- World Bank Country and lending groups. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>
- World Bank Database. (2019). <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf>
- World Bank Factsheet. (2020, Oct 14). *World Bank COVID-19 Response*. <https://www.worldbank.org/en/news/factsheet/2020/10/14/world-bank-covid-19-response>
- World Bank. (2021). *World Bank Group Gender Strategy Mid-Term Review: An Assessment by the Independent Evaluation Group*. World Bank Group. Retrieved from <https://ieg.worldbankgroup.org/sites/default/files/Data/Evaluation/files/GenderMidTermReview.pdf>
- World Health Organization. (2019). *Gender Equity in the health workforce: Analysis of 104 countries*. <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf>

# ENDNOTES

- 1 *Report on unpaid care work and human rights (A/68/293)*, submitted by the Special Rapporteur on extreme poverty and human rights. (2013). <https://socialprotection-humanrights.org/resource/report-of-the-special-rapporteur-on-extreme-poverty-and-human-rights-on-unpaid-care-a68293/>
- 2 United Nations General Assembly. (2013). <https://undocs.org/A/68/293>
- 3 Throughout the document, unless otherwise specified, the term 'care work' is used to denote unpaid, underpaid and paid care work.
- 4 The production of goods and services by households can be split into: (i) production intended to be sold or exchanged (market production); and (ii) production intended to be consumed by the household itself or given free of charge to another party (non-market production). The former is within the ambit of the SNA and called '**SNA market production**'. The latter can be further divided into: (a) the production of goods, the production of paid domestic services and owner-occupied housing services; (b) the production of other services. These are included in the SNA and referred to as '**SNA non-market production**'. The household production that consists of **formal and informal unpaid volunteer services** and those other **domestic and personal services** that are consumed within the household, are both explicitly excluded from the SNA economic production boundary.
- 5 Addati, A. et al. (2018). *Care work and care jobs for the future of decent work*. ILO. [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_633135.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf)
- 6 Coffey, C. et al. (2020). *Time to Care: Unpaid and underpaid care work and the global inequality crisis*. <https://www.oxfam.org/en/research/time-care>
- 7 Data from 64 countries representing two-thirds of the world's working-age population shows that 16.4 billion hours per day are spent in unpaid care work – the equivalent of two billion people working eight hours per day with no remuneration. Were such services to be valued on the basis of an hourly minimum wage, they would amount to 9% of global GDP or US\$11 trillion (purchasing power parity in 2011).
- 8 Addati, A. et al. (2018). *Care work and care jobs for the future of decent work*. Op. cit.
- 9 Coffey, C. et al. (2020). *Time to Care*. Op. cit.
- 10 Addati, A. et al. (2018). *Care work and care jobs for the future of decent work*. Op. cit.
- 11 H.J. McLaren, K.R. Wong, K.N. Nguyen and K.N.D. Mahamadachchi. (2020). COVID-19 and Women's Triple Burden: Vignettes from Sri Lanka, Malaysia, Vietnam and Australia. *Soc. Sci.* **2020**, 9, 87. <https://doi.org/10.3390/socsci9050087>
- 12 UN Women. (2020, April 23). *Rapid Assessment Survey on the socio-economic consequences of COVID-19 on women's and men's economic empowerment*. <https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>
- 13 Ibid.
- 14 Bolis, M. et al. (2020). *Care in the Time of Coronavirus: Why care work needs to be at the centre of a post-COVID-19 feminist future*. Oxfam.

- <https://oxfamlibrary.openrepository.com/bitstream/handle/10546/621009/bp-care-crisis-time-for-global-reevaluation-care-250620-en.pdf>
- 15 UNFPA. (2020). *COVID-19: A Gender Lens: Protecting sexual and reproductive health rights and promoting gender equality*. [https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_A\\_Gender\\_Lens\\_Guidance\\_Note.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf)
- 16 Ibid.
- 17 UNDP COVID-19 Global Gender Response Tracker. <https://data.undp.org/gendertracker/>
- 18 IFIs provide loans, credits and grants to national governments.
- 19 Congressional Research Service (CRS). (2020). *COVID-19: Role of the International Financial Institutions*. [https://www.everycrsreport.com/files/20200504\\_R46342\\_b2edaa0469f0ca126705472bbb05e0c00297fcee.pdf](https://www.everycrsreport.com/files/20200504_R46342_b2edaa0469f0ca126705472bbb05e0c00297fcee.pdf)
- 20 Ibid.
- 21 World Bank Factsheet. (2020, Oct 14). World Bank COVID-19 Response. <https://www.worldbank.org/en/news/factsheet/2020/10/14/world-bank-covid-19-response>
- 22 The \$160bn commitment is for the World Bank Group and includes \$104bn from IDA and IBRD, with the remainder from IFC, Multilateral Investment Guarantee Agency (MIGA) and trust funds.
- 23 World Bank Group. (2015). *World Bank Group Gender Strategy (FY16-23): Gender Equality, Poverty Reduction and Inclusive Growth*. <https://openknowledge.worldbank.org/handle/10986/23425>
- 24 Bretton Woods Project. (2019). *The World Bank and gender equality – Development Policy Financing*. <https://www.brettonwoodsproject.org/wp-content/uploads/2019/08/The-World-Bank-and-Gender-Equality-DPF-2.pdf>
- 25 UNU-WIDER. (2013). *The Care Connection: The World Bank and Women’s Unpaid Care work in Select Sub-Saharan African Countries*. <https://www.wider.unu.edu/publication/care-connection>
- 26 Ibid.
- 27 The programme advances employer-supported childcare around the world, focusing on 26 economies: Afghanistan; Bangladesh; Brazil; Cambodia; Chile; Ecuador; Egypt; Guatemala; India; Iran; Iraq; Japan, Jordan; Kuwait; Libya; The Netherlands; Nepal; Panama; Paraguay; Saudi Arabia; Sri Lanka; Syria; Taiwan (China); Turkey; Ukraine; Vietnam.
- 28 World Bank. (2021). *World Bank Group Gender Strategy Mid-Term Review: An Assessment by the Independent Evaluation Group*. <https://ieg.worldbankgroup.org/sites/default/files/Data/Evaluation/files/GenderMidTermReview.pdf>
- 29 Chauhan, D. and Bist Joshi, S. (2021). *Care Principles and Care Responsiveness Barometer: Guidelines and toolkit for international financial institutions (IFIs)*. Oxfam. <https://policy-practice.oxfam.org/resources/care-principles-and-care-responsive-barometer-guidelines-and-toolkit-for-intern-621303/>. DOI: 10.21201/2021.8175
- 30 Each sector has a different relevance or impact on women. The ‘benefits’ that women derive from different types of infrastructure can vary considerably – from high to low. The differential impact (based on the type of infrastructure and its impact on women’s time use, care work, safe mobility, access to social and economic opportunities) is an important variable in the estimation of incidence of benefit on women and girls.
- 31 This variable takes into consideration the extent of gender mainstreaming in each project – effective gender mainstreaming as part of the planning, design, financing and implementation stages of the project.

- 32 International Finance Corporation. (2012). *Gender impacts of public private partnership: Literature review synthesis report*. [https://ppp.worldbank.org/public-private-partnership/sites/ppp.worldbank.org/files/documents/PIDG-IFC\\_Gender%20Impact%20of%20Private%20Public%20Partnerships%20in%20Infrastructure.pdf](https://ppp.worldbank.org/public-private-partnership/sites/ppp.worldbank.org/files/documents/PIDG-IFC_Gender%20Impact%20of%20Private%20Public%20Partnerships%20in%20Infrastructure.pdf)
- 33 Access to healthcare and improved nutrition; access to public properties and services; access to education and training; reduce daily working hours of women; increase women's participation in labour market and income-generating activities; enhance social safety for women and reduce probable vulnerability and risk; promote women's empowerment; increase women's participation in various forums; ensure safety and free movement for women; monitoring and evaluation; increase social status of women; improve access to law and justice for women; improve information technology for women; and reduce violence and oppression.
- 34 Siddique, K. (2013). *A Case Study of Gender Responsive Budgeting in Bangladesh*. Commonwealth Secretariat.
- 35 Addati, A. et al. (2018). *Care work and care jobs for the future of decent work*. Op. cit.
- 36 Ibid.
- 37 Coffey, C. et al. (2020). *Time to Care*. Op. cit.
- 38 The 'triple role' and 'triple impact' of work are terms that are used to describe the workload among women who are not only involved in economic activities and community work but are also affected by the unequal share of unpaid domestic labour.
- 39 ILO. (2020). *ILO Monitor: COVID-19 and the world of work, 3rd Edition, 29 April 2020*. [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms\\_743146.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_743146.pdf)
- 40 World Health Organization. (2019). *Gender Equity in the health workforce: Analysis of 104 countries*. <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf>
- 41 Coffey, C. et al. (2020). *Time to Care*. Op. cit.
- 42 Ibid.
- 43 UNDP. (2020). *Human Development Report 2020: Norway*. <http://hdr.undp.org/sites/default/files/Country-Profiles/NOR.pdf>
- 44 World Bank Database, 2019. <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf>
- 45 Ibid.
- 46 ILO. (2021). *ILO Monitor: COVID-19 and the world of work. Seventh edition*. 25 January 2021. [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms\\_767028.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_767028.pdf)
- 47 In absolute numbers, the loss for men was 80 million and 64 million for women due to the long-standing gender gap in labour force participation rates.
- 48 UN Women. (2020, April 23). *Rapid Assessment Survey on the socio-economic consequences of COVID-19 on women's and men's economic empowerment*. Op. cit.
- 49 Ibid.
- 50 Coffey, C. et al. (2020). *Time to Care*. Op. cit.
- 51 Often also referred to as development policy lending (DPL) or development policy operation (DPO).
- 52 World Bank Group, Independent Evaluation Group, Development Policy Financing. Accessed June 2021. <https://ieg.worldbankgroup.org/topic/development-policy-financing-dpf>

- 53 World Bank Group. (2015). *Development Policy Financing Retrospective*. <https://www.worldbank.org/en/projects-operations/products-and-services/publication/dpfretrospective2015>
- 54 Ibid.
- 55 World Bank Group. (2017). *Bank Policy: Development Policy Financing*. <https://ppfdocuments.azureedge.net/b98d432b-7471-441b-9f39-36b7c380bd05.pdf>
- 56 World Bank Group. (2015). *Development Policy Finance Retrospective*. Op. cit.
- 57 Ibid.
- 58 Ibid.
- 59 Ibid.
- 60 Bretton Woods Project. (2019). *The World Bank and gender equality – Development Policy Financing*. Op. cit.
- 61 World Bank Group. (2020). *World Bank Group COVID-19 Crisis Response Approach Paper*. <https://documents1.worldbank.org/curated/en/136631594937150795/pdf/World-Bank-Group-COVID-19-Crisis-Response-Approach-Paper-Saving-Lives-Scaling-up-Impact-and-Getting-Back-on-Track.pdf>
- 62 Ibid.
- 63 One DPF case study from each country was to be included. However, since Cambodia did not have an ongoing DPF in 2020, no case study was included from Cambodia.
- 64 Government of Bangladesh. *Labour Force Survey, 2016-17. Bangladesh Statistics 2017*. [http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/a1d32f13\\_8553\\_44f1\\_92e6\\_8ff80a4ff82e/Bangladesh%20%20Statistics-2017.pdf](http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/a1d32f13_8553_44f1_92e6_8ff80a4ff82e/Bangladesh%20%20Statistics-2017.pdf)
- 65 Unless otherwise specified, all quoted data and references in the case study are from World Bank programme/project-related documents (see Appendix 2 for details of documents reviewed).
- 66 The Bangladesh Programmatic Jobs Development Policy Credit (DPC1) was approved in December 2018. P2 is the second phase of the policy financing operation.
- 67 The 2013 Economic Census shows that female-headed businesses accounted for seven percent of all establishments in Bangladesh, but just two percent of those that are formally registered. P1 acknowledges that women face far greater constraints than men in establishing and operating businesses enterprises. The Programme Document highlights information access, mobility barriers and gender discrimination as the primary constraints that lead to an underrepresentation of women in entrepreneurial activities. As a result, it expects that a transparent, automated system will benefit women-owned businesses by helping them overcome barriers to access information and mobility.
- 68 The enactment of the National Skills Development Act 2018 provides the legal and institutional basis for implementing the National Skills Development Strategy.
- 69 Coffey, C. et al. (2020). *Time to Care*. Op. cit.
- 70 Updated 2015 and 2018 Full Year Official Poverty Statistics, Reference No. 2020-094, Release Date: 04 June 2020 by the Philippine Statistics Authority: *'the 2018 poverty incidence among population, or the proportion of poor Filipinos whose per capita income is insufficient to meet their basic food and non-food needs, is now estimated at 16.7 percent (from 16.6 percent). This translates to about 17.7 million Filipinos living in poverty in 2018 (from 17.6 million Filipinos).'*
- 71 Ibid.

- 72 National Economic and Development Authority (NEDA). (2018). *Determinants of Female Labor Force Participation in the Philippines*. [https://drive.google.com/file/d/1fJsbwTu-QVv4QDhUnK9KKcxdFN\\_yG-os/view](https://drive.google.com/file/d/1fJsbwTu-QVv4QDhUnK9KKcxdFN_yG-os/view)
- 73 World Bank. (2020). *Philippines Beneficiary First Project Appraisal Document*.
- 74 ILO. (2020). *COVID-19 labour market impact in the Philippines: Assessment and national policy responses*. [https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms\\_762209.pdf](https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms_762209.pdf)
- 75 Unless otherwise specified, all quoted data and references in the case study are from World Bank programme/project-related documents (see Appendix 2 for details of documents reviewed).
- 76 *Philippines Development Plan 2017-22*. <https://pdp.neda.gov.ph/wp-content/uploads/2021/02/Prepublication-Updated-PDP-2017-2022-as-of-Feb-10.pdf>
- 77 The socio-economic impact of the pandemic and lack of market competition plays an important role in the Philippines' stubborn income inequality, which might be exacerbated for SMEs given their fragility. The Philippines is also the third most vulnerable country in the world to natural disasters and climate change, with impacts on small businesses.
- 78 The policy objectives include: promote investment in telecommunications; reduce the cost of doing business; improve trade facilitation by modernizing customs procedures; promote competition through regulatory reforms to increase agriculture diversification; increase tax revenues and improve management of contingent liabilities from government-owned and controlled corporations; support social resilience through better digital infrastructure for social programme delivery; increase access to electronic payments through the creation of more efficient and resilient payment systems; strengthen fiscal resilience to natural disasters and climate change through improved financial risk management and enhanced response systems; strengthen financial resilience to natural disasters and climate change through improved management of public assets.
- 79 The Act eliminates restrictions to rice imports and promotes the diversification of agriculture.
- 80 The liberalization and tariffication has been criticized by farmers and millers as being against the interests of local farmers and businesses.
- 81 This inference is solely based on the information provided in the project documents. The disaggregated data on which groups benefit from the rice farmer mitigation component is not included in these documents.
- 82 Coffey, C. et al. (2020). *Time to Care*. Op. cit.
- 83 As measured by the international extreme poverty line of \$1.90 per capita per day.
- 84 Government of Nepal and ILO. (2019). *Report on the Nepal Labour Force Survey 2017/18*. [https://nepalindata.com/media/resources/items/20/bNLFS-III\\_Final-Report.pdf](https://nepalindata.com/media/resources/items/20/bNLFS-III_Final-Report.pdf)
- 85 D. Chopra et al. (n.d.). *A Trapeze Act: Balancing Unpaid Care Work and Paid Work by Women in Nepal*. <https://www.wocan.org/sites/default/files/Balancing%20Unpaid%20Care%20Work%20and%20Paid%20Work%20by%20Women%20in%20Nepal.pdf>
- 86 Government of Nepal and ILO. (2019). *Report on the Nepal Labour Force Survey 2017/18*. Op. cit.
- 87 UN Women. (2020, May 8). *Nepal Gender Equality and Social Inclusion (GESI) Profile For COVID-19 Responses and Preparedness*. [https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/05/nepal%20gesi%20profile\\_updated%208%20may%202020\\_vr6-b\(004\).pdf?la=en&vs=1214](https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/05/nepal%20gesi%20profile_updated%208%20may%202020_vr6-b(004).pdf?la=en&vs=1214)
- 88 Unless otherwise specified, all quoted data and references in the case study are from World Bank programme/project related documents (see Appendix 2 for details of documents reviewed).

- 89 Nepali women also constitute a share of overseas migrants mainly working as underpaid care workers.
- 90 The World Bank. Products and Services. <https://www.worldbank.org/en/projects-operations/products-and-services>
- 91 Ibid.
- 92 World Bank Group. (2019). *World Bank Group Gender Strategy Midterm Review: An Assessment by the Independent Evaluation Group*. <https://ieg.worldbankgroup.org/sites/default/files/Data/Evaluation/files/GenderMidTermReview.pdf>
- 93 Standalone IPFs are one of the most versatile instruments used to respond to countries' needs across all areas of crisis response.
- 94 World Bank Group. (2020). *World Bank Group COVID-19 Crisis Response Approach Paper*. Op. cit.
- 95 Ibid; and World Bank Group. (2020). *Proposed Sustainability Checklist for Assessing Economic Recovery Interventions*.
- 96 Ibid. The IDA is the World Bank's low-cost credit and grant programme focused on the world's poorest 74 countries.
- 97 Ibid.
- 98 Household Income Expenditure Survey (HIES), 2016–17, as quoted in the Project document.
- 99 Unless otherwise specified, all quoted data and references in the case study are from World Bank programme/project-related documents (see Appendix 2 for details of documents reviewed).
- 100 Bangladesh has a high number of women as teachers in pre-primary and primary school, who also face increased care responsibilities at home due to COVID-19 restrictions.
- 101 Republic Act No. 11469. <https://www.officialgazette.gov.ph/2020/03/24/republic-act-no-11469/>
- 102 As detailed in the project document.
- 103 Unless otherwise specified, all quoted data and references in the case study are from World Bank programme/project-related documents (see Appendix 2 for details of documents reviewed).
- 104 Cambodia has 1,159 of garment factories, providing jobs to more than 800,000 people, approximately 90% of whom are women.
- 105 The Cambodian Labour Law (1997), Article 186, requires enterprises employing more than 100 women to either establish a daycare centre on the premises for children 18–36 months of age, or to pay for employees' childcare costs elsewhere.
- 106 World Bank JSDF-supported consultations.
- 107 Unless otherwise specified, all quoted data and references in the case study are from World Bank programme/project-related documents (see Appendix 2 for details of documents reviewed).
- 108 PESD is a French NGO that the World Bank has been working with to evaluate an Enterprise-based Support Services (EBSS) project aimed at providing factory-based childcare services to garment workers. The World Bank has subsequently partnered with PESD in the implementation of consultative activities financed through a JSDF Seed Grant.
- 109 ActionAid. (2015). *The recognition and redistribution of unpaid care work: a case study from Bangladesh*.

- 110 World Bank (2018). *Promising progress: A diagnostic of water supply, sanitation, hygiene and poverty in Bangladesh*. <https://openknowledge.worldbank.org/handle/10986/29450>
- 111 Unless otherwise specified, all quoted data and references in the case study are from World Bank programme/project-related documents (see Appendix 2 for details of documents reviewed).
- 112 The Department of Public Health and Engineering and the Palli Karma-Sahayak Foundation will help to develop the private assets under the project. The latter is a 'not-for-profit' financing institution owned by the Ministry of Finance, which works with microfinance institutions (MFIs) that offer micro-credits to poor and non-poor borrowers. The MFIs will provide loans to households to upgrade their household WASH facilities.
- 113 Restricting women to traditional occupations that are an extension of women's reproductive roles – sewing, cooking, beautician, making and marketing sanitary napkins, etc.
- 114 Unless otherwise specified, all quoted data and references in the case study are from World Bank programme/project-related documents (see Appendix 2 for details of documents reviewed).
- 115 These will focus mainly on rehabilitation and improvements in municipal roads, drainage, drinking water supply and onsite sanitation.
- 116 Unless otherwise specified, all quoted data and references in the case study are from World Bank programme/project related documents (see Appendix 2 for details of documents reviewed).
- 117 World Bank (2018). *Making growth work for the poor: a poverty assessment for the Philippines*. <https://documents1.worldbank.org/curated/en/273631527594735491/pdf/126194-WP-REVISED-0U0-9.pdf>
- 118 Philippine Statistics Authority. (2020, June 5). <https://psa.gov.ph/content/employment-situation-april-2020>
- 119 See: <https://2040.neda.gov.ph/>
- 120 Unless otherwise specified, all quoted data and references in the case study are from World Bank programme/project-related documents (see Appendix 2 for details of documents reviewed).
- 121 The Pantawid Pamilyang Pilipino Programme (4Ps) was promulgated through the Republic Act No. 11310 (the *Pantawid Pamilyang Pilipino Program Act*). It is the national poverty reduction strategy of the government, signed on 17 April 2019. The programme is designed on the lines of conditional cash transfer schemes implemented in other developing countries and provides 'conditional' cash grants to beneficiaries (based on compliance with a set of predefined programme conditionalities). This is implemented by the Department of Social Welfare and Development, Philippines. <https://pantawid.dswd.gov.ph/program-and-services/>
- 122 Government of Nepal. (2020). *Economic Survey of Nepal 2019/20*. [https://www.mof.gov.np/uploads/document/file/Economic%20Survey%202019\\_20201125024153.pdf](https://www.mof.gov.np/uploads/document/file/Economic%20Survey%202019_20201125024153.pdf)
- 123 World Bank, Country Private Sector Diagnostic (CPSD), Nepal.
- 124 Unless otherwise specified, all quoted data and references in the case study are from World Bank programme/project-related documents (see Appendix 2 for details of documents reviewed).)
- 125 Five economic corridors have been selected, covering six provinces (Provinces 1, 2, Bagmati, Gandaki, Province 5, and Sudurpashchim).
- 126 Unless otherwise specified, all quoted data and references in the case study are from World Bank programme/project-related documents (see Appendix 2 for details of documents reviewed).

- 127 The project is intentionally limited to the ‘upstream’ pre-service education elements of health workforce development, while acknowledging that other critical aspects of human resource for health policy – such as production, deployment and retention – are beyond the scope of the project.
- 128 By law (Sub-decree 38), nurse and midwife trainers are paid KHR 2,000 (equivalent to \$0.50) per lesson taught, a payment rate that has not been adjusted since 1996. Hospital staff who lecture at Health Training Institutes (this) are paid low rates per hour for lectures, and preceptors in hospital training sites are paid even less than those providing training at HTIs.
- 129 The **Regional Grouping** (East Asia and Pacific, Europe and Central Asia, Latin America and the Caribbean, Middle East and North Africa, North America, South Asia and sub-Saharan Africa); **Income Grouping** (low-income economies, lower middle-income economies, upper middle-income economies and high-income economies); **Lending Modality** (International Development Association, Blend and International Bank for Reconstruction and Development). World Bank Country and lending groups.  
<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>
- 130 COVID-19 Rapid Gender Assessment Surveys conducted by UN Women in April 2020.

## OXFAM RESEARCH REPORTS

Oxfam Research Reports are written to share research results, to contribute to public debate and to invite feedback on development and humanitarian policy and practice. They do not necessarily reflect Oxfam policy positions. The views expressed are those of the author and not necessarily those of Oxfam.

For more information, or to comment on this report, email Mustafa Talpur: [mustafa.talpur@oxfam.org](mailto:mustafa.talpur@oxfam.org)

© Oxfam International December 2021

This publication is copyright but the text may be used free of charge for the purposes of advocacy, campaigning, education, and research, provided that the source is acknowledged in full. The copyright holder requests that all such use be registered with them for impact assessment purposes. For copying in any other circumstances, or for re-use in other publications, or for translation or adaptation, permission must be secured and a fee may be charged. Email [policyandpractice@oxfam.org.uk](mailto:policyandpractice@oxfam.org.uk)

The information in this publication is correct at the time of going to press.

Published by Oxfam GB for Oxfam International under ISBN 978-1-78748-818-2 in December 2021.

DOI: 10.21201/2021.8182

Oxfam GB, Oxfam House, John Smith Drive, Cowley, Oxford, OX4 2JY, UK.

# OXFAM

Oxfam is an international confederation of 21 organizations, working with its partners and allies, reaching out to millions of people around the world. Together, we tackle inequalities to end poverty and injustice, now and in the long term – for an equal future. Please write to any of the agencies for further information or visit [www.oxfam.org](http://www.oxfam.org).

Oxfam America ([www.oxfamamerica.org](http://www.oxfamamerica.org))

Oxfam Aotearoa ([www.oxfam.org.nz](http://www.oxfam.org.nz))

Oxfam Australia ([www.oxfam.org.au](http://www.oxfam.org.au))

Oxfam-in-Belgium ([www.oxfamsol.be](http://www.oxfamsol.be))

Oxfam Brasil ([www.oxfam.org.br](http://www.oxfam.org.br))

Oxfam Canada ([www.oxfam.ca](http://www.oxfam.ca))

Oxfam Colombia ([lac.oxfam.org/countries/colombia](http://lac.oxfam.org/countries/colombia))

Oxfam France ([www.oxfamfrance.org](http://www.oxfamfrance.org))

Oxfam Germany ([www.oxfam.de](http://www.oxfam.de))

Oxfam GB ([www.oxfam.org.uk](http://www.oxfam.org.uk))

Oxfam Hong Kong ([www.oxfam.org.hk](http://www.oxfam.org.hk))

Oxfam IBIS (Denmark) ([www.oxfamibis.dk](http://www.oxfamibis.dk))

Oxfam India ([www.oxfamindia.org](http://www.oxfamindia.org))

Oxfam Intermón (Spain) ([www.oxfamintermon.org](http://www.oxfamintermon.org))

Oxfam Ireland ([www.oxfamireland.org](http://www.oxfamireland.org))

Oxfam Italy ([www.oxfamitalia.org](http://www.oxfamitalia.org))

Oxfam Mexico ([www.oxfamMexico.org](http://www.oxfamMexico.org))

Oxfam Novib (Netherlands) ([www.oxfamnovib.nl](http://www.oxfamnovib.nl))

Oxfam Québec ([www.oxfam.qc.ca](http://www.oxfam.qc.ca))

Oxfam South Africa ([www.oxfam.org.za](http://www.oxfam.org.za))

KEDV ([www.kedv.org.tr](http://www.kedv.org.tr))